

Name: _____ Date: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Primary Doctor: _____ Referring Doctor: _____

Reason for visit: _____

Past Medical History

- Y N**
- Fever
- Chills

- Y N Neurological Problems**
- CVA
- Dizziness
- Numbness/Tingling (neuropathy)
- Seizures
- Other _____

- Y N Cardiac/Vascular Problems**
- Angina/Chest Pain
- Heart Failure
- Coronary Artery Disease
- Heart Attack
- Hypertension (high blood pressure)
- Deep Vein thrombosis (DVT)
- Leg/Ankle swelling (edema)
- Peripheral Vascular Disease
- Other _____

- Y N Respiratory Problems**
- Asthma
- COPD
- Emphysema
- Home Oxygen
- Other _____

- Y N Gastrointestinal/Stomach Problems**
- Nausea/Vomiting/Diarrhea
- GERD
- Hepatitis
- Incontinence (leak stool)
- Other _____

- Y N Urine/Kidney Problems**
- Incontinence (urine)
- Urine Catheter
- Renal Disease
- Dialysis
- Other _____

- Y N Muscle/Joint Problems**
- Arthritis
- Back Pain
- Neck Pain
- Paralysis/partial
- Other _____

- Y N Eye/Ear/Nose/Throat Problems**
- Cataracts
- Change or blurred vision
- Chronic ear infections
- Dental conditions
- Chronic sinus condition
- Other _____

- Y N Glandular/Endocrine Problems**
- Diabetes
- Thyroid disease
- Other _____

- Y N History of Skin/Healing Disorders**
- Chronic skin condition, if yes, Type _____
- Non-healing wound, Location: _____
- Other _____
- History of MRSA

- Y N History of Cancer**
- Type _____
- Cancer Procedures _____
- Treatment _____

- Y N History of Psychiatric Disorders/Treatments**
- Anxiety
- Depression
- Eating Disorder
- Other _____

- Y N Blood Disorders**
- Unexplained bleeding
- Bruises easily
- Sickle cell
- Other _____

OTHER MEDICAL HISTORY

PAST SURGICAL HISTORY

- Y N**
- Cataract surgery
- Tonsils
- Lung/surgery/collapsed lung
- Heart surgery
- Vascular surgery
- Vein stripping/sclerotherapy
- Gallbladder
- Appendix
- Prostate surgery
- Hernia repair
- Hysterectomy (uterus/ovary)
- Amputation (Type _____) type _____
- Orthopedic (bone) surgery type _____
- Organ Transplant type _____
- Other _____

FAMILY HISTORY

- Y N**
- Heart Disease
- High Blood Pressure
- Diabetes
- Cancer

SOCIAL HISTORY

- Y N**
- Alcohol
- Tobacco/cigarettes
- Street drugs
- Marital status _____
- Occupation _____

Patient Label

Bonner General Health
Wound Care Center
Patient Information Profile

