



PTU MEDICAL HISTORY

Information Source Patient Other								
Is English your Main language?	Date:							
PREFERRED LANGUAGE: Reason for Admission:	Information Source ☐ Patient ☐ Other				Medical History	Y	N	Comments
PREFERRED LANGUAGE: Reason for Admission:	ls English your Main language?				Vascular Disorder			
Reason for Admission:								
Who Makes Your Health Care Decisions: Relationship: Primary Contact (If Different from above) Relationship: Relati								
Emphysema Sieep Apnea Siee	Reason for Admission:							
Sicep Apnea								
Recent Cold/Cough								
Relationship: Re	Tolombono: ()							
Relationship: Telephone: () Stomach Problems Acid Reflux Kidney/Bladder Problems Acid Reflux Kidney/Bladder Problems Date: Procedure: Diabetes Liver Disease/Hepatitis Bleeding Problems Sickle Cell Psychiatric lilness/Depression Penale Problems Procedure: Diabetes Liver Disease/Hepatitis Psychiatric lilness/Depression Psych	Relationship				·			
Acid Reflux								
Non-more								
Prior Surgical History (list & include dates)	r morgroo (2000 mo).							
Date: Procedure: Diabetes Liver Disease/Hepatitis Bleeding Problems/Anemia Sicke Cell Psychiatric illness/Depression Female Problems Anemia Sicke Cell Psychiatric illness/Depression Female Problems Pro	Prior Surgical History (list & include dates)							
Liver Disease/Hepatitis Bleeding Problems/Anemia Sickic Cell					1			
Bleeding Problems/Anemia Sickle Cell Sickle Cell Psychiatric Illness/Depression Female Problems Any Anesthetic Complications? If YES Specify: Chance of Pregnancy Implanted Devices Instruction Implanted Devices Implanted Devices Implanted Devices Instruction Implanted Devices Implanted Devices Implanted Devices Implanted Devices Instruction Instruction Instruction Instru	Date: Procedure:							
Sickle Cell					•			
Any Anesthetic Complications?								
Any Anesthetic Complications?								
Any Anesthetic Complications? Yes No Last Menstrual Period Date:					•			
If YES Specify: Chance of Pregnancy Implanted Devices Indicated Inplanted	Any Anesthetic Complications? ☐ Yes ☐ No						Data:	
Implanted Devices Y N Comments Prosthesis (Type)							Date.	
Previous history of or Active Tuberculosis Prever, chills, or night sweats Cough or coughing up blood Positive TB skin test Recent travel (or native) of area with incidence of TB (Asia, Latin America, Africa, Caribbean) Recent immunosuppressed status Chemotherapy, Radiation, transplant, HIV, steroids) MRSA / VPE History Pain (Acute/Chronic) Cancer Arthritis/Linited Joint Motion Stroke Confusion Heart Disease Chest Pain/Angina Heart Diplitations High Blood Pressure Discover in weight sweats Dentures/Partial (Ipper/Lower) Classes/Contact (R/L) Chest Partial (Ipper/Lower) Classes/Contact (R/L) Chest Partial (Ipper/Lower) Classes/Contact (R/L) Chest Pain/Angina Heart Murmur Prosthesis (Type) Heart Mearing Aid (R/L) Heart Meart Mearing Aid (R/L) Heart Meart Mearing Aid (R/L) Heart Mea								
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