



SWAN SURGICAL

CARDIAC THORACIC VASCULAR

Medical History

Reason for your visit today: _____ When did this start?: _____

Past Medical History: Please list any medical problems you have

Surgical History: Please list all operations or injuries you have had

Social History:

Do you smoke? Yes No If yes, I have smoked _____ packs per day for _____ years. I quit smoking in _____

Do you use vape or e-cigarettes Yes No If yes, how often _____. Smokeless tobacco _____ packs/cans a day

Drink Alcohol? Yes No If yes, how much: _____ Recreational Drugs: _____

Family History: Write M for Mother and F for Father S for sibling

Heart Disease _____ Stroke _____ Aneurysm _____ PAD _____ Cancer _____ / Type: _____ Varicose Veins _____

Medications: Please list all the current medications with dosage if known including oral contraceptives, aspirin, blood thinners, or allergy.

Allergies: Please list all allergies including any medications, contracts, dye, iodine, latex, shellfish, and eggs

Have you taken any of the following in the last month: (Y/N)

Prednisone _____ Coumadin _____ Aspirin/Motrin/Naprosyn _____ Any blood thinner _____ Name: _____

Dialysis Patients:

Have you started dialysis yet: Yes ___ No ___ Dialysis location: _____

Dialysis days: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___

To the best of my knowledge the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my health. It is my responsibility to inform Swan Surgical of any changes in my medical status.

Signature: _____ Date: _____

Printed Name: _____