

PTU MEDICAL HISTORY

Date:			
Information Source <input type="checkbox"/> Patient <input type="checkbox"/> Other		Medical History	Comments
Is English your Main language? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vascular Disorder	Y N
PREFERRED LANGUAGE:		Lung Disease	
Reason for Admission:		Shortness of Breath	
		Asthma	
		Emphysema	
Who Makes Your Health Care Decisions:		Sleep Apnea	
Relationship: Telephone: ()		Recent Cold/Cough	
Primary Contact (If Different from above)		Tuberculosis	
Relationship: Telephone: ()		Stomach Problems	
Allergies (Describe):		Acid Reflux	
		Kidney/Bladder Problems	
Prior Surgical History (list & include dates)		Thyroid Problems	
Date: Procedure:		Diabetes	
		Liver Disease/Hepatitis	
		Bleeding Problems/Anemia	
		Sickle Cell	
		Psychiatric Illness/Depression	
Any Anesthetic Complications? <input type="checkbox"/> Yes <input type="checkbox"/> No		Female Problems	
If YES Specify:		Last Menstrual Period	Date:
		Chance of Pregnancy	
		Implanted Devices	
	Y N	Prosthesis (Type)	
Previous history of or Active Tuberculosis		Hearing Aid (R/L)	
Fever, chills, or night sweats		Dentures/Partial (Upper/Lower)	
Cough or coughing up blood		Glasses/Contact (R/L)	
Positive TB skin test		Recreational Drugs	Amt./Freq.
Recent travel (or native) of area with incidence of TB (Asia, Latin America, Africa, Caribbean)		Alcohol	Amt./Freq.
Recent immunosuppressed status (Chemotherapy, Radiation, transplant, HIV, steroids)		Smoking Status: (Check One):	
Under abnormal weight loss (10 lbs in the last 3 mos)		Nonsmoker	
MRSA / VPE History		Former greater than 1 year	Amt./Freq.
		Former less than 1 year	Amt./Freq.
		Current Smoker	Amt./Freq.
	Y N	Have you had a previous fall in the last year?	
Pain (Acute/Chronic)		Do you have dizzy spells or problems walking?	
Cancer			
Arthritis/Limited Joint Motion			
Stroke		Congenital Syndrome	
Confusion		Cerebral Palsy	
Heart Disease		Cleft Lip/Palate	
Chest Pain/Angina		Seizures	
Heart Palpitations		Learning Disabilities	
High Blood Pressure		Immunizations Up To Date	
Heart Murmur		Last Bowel movement	

Signature: _____ Pager #: _____ Date: _____ Time: _____