BSW Texas Cardiac Associates ADULT EP PATIENT INFORMATION

NAME:		DATE: _ /_ /_
LAST BIRTH DATE: _ /_ /_ A	FIRST	M.I.
PREFERRED PHARMACY:		
	NAME	PH. NUMBER
REVIOUS PHYSICIAN: NAME		PH. NUMBER
MEDICAL CONDITION(S) I Pressure, Asthma)	HOSPITALIZATIONS:	(Example: Diabetes, High Blood
ALLERGIES: (Medications, Fo	and Inspats)	
SURGERIES: (Example: Tonsi TYPE OF SURGERY		rnia Repair) EAR
I IFE OF SURGER I	1	LAR
	<u> </u>	
MEDICATIONS: (Please inclu	de vitamins and herbals)	
DRUG	DOSE	HOW MANY TIMES PER DAY?
Ex: Advil	200mg	3 times per day
	LAST MENSTRUAL CY	YCLE://
NUMBER OF PREGNA		
NUMBER OF MISCAR		
NUMBER OF CHILDR LAST PAP SMEAR:		
	AD AN ABNORMAL PAI	P SMEAR? Y / N
LAST MAMMOGRAM	I (if over age 40):	
LAST MAMMOGRAM LAST BONE DENSITY	l (if over age 40):	
LAST MAMMOGRAM LAST BONE DENSITY	I (if over age 40):	
LAST MAMMOGRAM LAST BONE DENSITY MEN'S HEALTH:	I (if over age 40):	

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NAME:				DATE: I I	
LAST		FIRST	M.I.		
LAST COLONOSCO LAST TETANUS SHO LAST FLU SHOT: _ RECEIVED ALL 3 I HAD CHICKEN POX Date (or approx	OT: DOSES OF HEPATI	TIS B VACCIN		YIN	
OCCUPATION(S):					
MARITAL STATUS:	Single Married Divor	ced Separated W	idowed		
SEXUAL ORIENTAT	FION: Heterosexual H	lomosexual Bisex	ual Trans-sexual		
HOW WOULD YOU NUTRITION	CLASSIFY YOUR 2 Excellent Good Fair	Poor			
EXERCISE REGUL TYPE:	ARLY? YIN	TIMES P	ER WEEK:_	HOW LONG?((min)
TOBACCO USE IN	CKS PER DAY_ F		41	-	
	<i>N</i> ALCOHOL USE I DRINKS PER DAY? COHOL? (Ex: beer, vo				
	NTLY? Y / N DRUC UGS? (Ex: marijuana, c VER INJECTED YOU	cocaine, heroin?)			
	I N CUPS OF COFFEE PE SODAS PER DAY? _				
DO YOU WEAR YOU DO YOU OWN A FIR		N			
FAMILY HISTORY: stroke, high blood press				or example: heart atta LIVING?	ıck,

condition(b)	
FATHER:	YIN
MOTHER:	Y I N
BROTHER(S):	Y I N
SISTER(S):	YIN
GRANDPARENTS:	
MATERNAL:	<i>YIN</i>
PATERNAL:	YIN
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