JOHN M. HUMENIUK, M.D.

MEDICAL HISTORY UPDATE **PATIENT CHART#: _____**

YOUR NAME: _____ DOB: _____

FAMILY PHYSICIAN'S NAME: _____ PHONE#: _____

SMOKER/NONSMOKER (PLEASE CIRCLE ONE)

HEIGHT: _____ WEIGHT: _____

PHARMACY NAME: _____ LOCATION: _____

Please tell us if you have had any of the following by checking the appropriate box:

☐ **Bacterial Endocarditis**	☐ **Hemophilia**	☐ **Diabetes I**	☐ **Diabetes II**
☐ **Heart Murmur**	☐ **Blood Disease**	☐ **Artificial Knee, Hip, (Pins, Plate etc.)**	☐ **Kidney Problems**
☐ **Irregular Heart Beat**	☐ **Sickle Cell Anemia**	☐ **Dialysis**	☐ **High Blood Pressure**
☐ **Anemia/Blood Problems**	☐ **Arthritis**	☐ **Liver Problems**	☐ **Low Blood Pressure**
☐ **Excessive Bleeding**	☐ **Neurological Problem**	☐ **Hepatitis**	☐ **Rheumatic Heart Fever**
☐ **Asthma**	☐ **Epilepsy/Seizures**	☐ **Stroke**	☐**Rheumatic Heart Disease**
☐ **Respiratory Disease**	☐ **Psychiatric Problems**	☐ **Thyroid Problem**	☐ **Artificial Heart Valves**
☐ **Shortness of Breath**	☐ **Emotional Problems**	☐ **Ulcer/Colitis**	☐ **Congenital Heart Lesion**
☐ **Hay Fever**	☐ **Alcoholism**	☐ **Venereal Disease**	☐ **Mitral Valve Prolapse**
☐ **Sinus Problems**	☐ **Chemical Dependency**	☐ **Herpes**	☐ **Heart Attack _____year**
☐ **Tuberculosis**	☐ **Drug Addiction**	☐ **Fever Blisters**	☐ **Angina/Chest Pain**
☐ **Eye Disorders/Glaucoma**	☐ **Heart Pacemaker**	☐ **Aids**	☐ **Cancers (Type)_____**
☐ **Tumors (Type) _____**	☐ **Heart Surgery**	☐ **Immunosuppressive**	☐ **Eczema**
☐ **Radiation-Treatments**	☐ **Lupus**	☐ **Psoriasis**	☐ **History of Fever Blisters on Face**
☐ **Congestive Heart Failure**	☐ **Disorders/ARC**	☐ **High Cholesterol**	☐ **Melanoma/Other Skin Cancers_____**

Please list ***ALL ALLERGIES*** to Drugs, Foods, Other etc.:

_____

_____

Please list any other ***MEDICAL CONDITIONS*** not mentioned above:

_____

_____

Please list ***ALL DRUGS/MEDICATIONS*** that you currently take:

_____

_____

_____ _____

PATIENT SIGNATURE ***DATE***