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YUMA CARDIOLOGY ASSOCIATES, P.C.

CONFIDENTIAL MEDICAL HISTORY

Patient Name:	W	
Record #:		

ame:	Age: Date:	The street received and street shall
eferred by (if any)		
lease answer all questions. If you do not know the answer, or do lease leave no blanks.	not understand the question, insert a q	uestion mark in the spa
CHIEF COMPLAINT List the problems which have led you to seek medical help now a	and approximately when each began:	to personally electromagnic.
Problem		Date of Onset
41 Le la Seura de la disconsignatione d'un constant de la constant		A14
2 . Online And Barriers day available.		
3 4		
5		
GENERAL HEALTH AND HABITS		Tusies kearlo lastracione.
	Very Good () Average () Poor ()
Exercise	Nutrition	
Oo you exercise regularly? Yes () No () How long have you exercised on a regular basis? yrs.	Are there foods you avoid (or limit) for heal Specify:	
Type of exercise(s)	Alcohol/Beverages	
low often days/week minutes each time	Estimate the amount of alcohol you drink re	o autorba
Smoking	drinks* per day	
Do you smoke? Yes () No ()	Did you formerly drink alcohol but have per	
low many per day For how many years		
	Yes () No ()	s excited to the court
What do you smoke? Cigarettes () Pipe ()	Estimate the amount of caffeinated beverage	
What do you smoke? Cigarettes () Pipe () Cigars () Other (specify)		
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What do you smoke? Cigarettes () Pipe () Cigars () Other (specify)	Estimate the amount of caffeinated beverage per day	glasses, cups, or ca
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What do you smoke? Cigarettes () Pipe () Cigars () Other (specify)	Estimate the amount of caffeinated beverage per day	glasses, cups, or ca oz. hard liquor
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REVIEW OF SYSTEMS

Answer all questions. If you do not know the answer or do not understand the question, insert a question mark. LEAVE NO BLANKS!

	NO	YES ? date			NO	YES ? date
RESPIRATORY Have you ever had any of the	1 '	of onset	PHYSICIAN'S COMMENT (Leave Blank)	DIGESTIVE		of onset
following? (If so, indicate when)		-	(Eddro Diamy	Do you often or regularly have:		
Pneumonia				Poor appetite		
Severe bronchitis				Trouble swallowing		
				"Heartburn"		
Pleurisy				Regurgitation of food or bile		· .
Tuberculosis skin test (Pos or Neg)				Nausea or vomiting	-	
Tuberculosis (infection or contact)				Abdominal pain		
Asthma (wheezing)				Censtipation		-
Chronic bronchitis				Diarrhea	·	-
Emphysema		\vdash		Has there been any change in your		
Other lung trouble				bowel function in the last 6 mos?		-
Exposure to dangerous dust				Have you ever had any of the		
or fumes	-	\vdash		following? (If so, indicate when.)		
Trouble breathing		-		Hiatal or esophageal hernia		1
Excessive snoring				Duodenal or gastric ulcer		1
Do you have chest pain?				Vomiting of blood Black or tarry stools		1
Abnormal chest x-ray?				Blood in your stool		
Have you ever coughed up blood? .			7.8	Yellow-jaundice		
Do you often or regularly:				Liver trouble or hepatitis		
Cough?				Gallbladder trouble or stones		
Raise sputum?				Persistent diarrhea or colitis		· .
Do you often get chest colds?				Diverticulitie		
bo you dien get ellest esteet				Parasitic infection		
4.				Hernia		-
CIRCULATORY			•	Other digestive disease	-	+
Have you ever had any of the						
following? (If so, indicate when.)						
Chest pain	:				18.00	
Heart trouble						
Heart attack (coronary)						1
Angina pectoria						
High cholesterol				JOINTS		
High blood pressure				Have you ever had any of the		
Blackouts				following? (If so, indicate when.)		
Racing of heart						-
Rheumatic fever				Back pain	-	-
Heart failure				Joint pain	<u> </u>	-
Abnormal electrocardiogram				Joint swelling		-
그 이 이 그들은 경기를 가게 되었다면 모양이 되었다면 되었다면 하는데 그렇게 되었다면 하는데 하는데 그렇게 되었다면 하는데 하는데 되었다.				Gout	-	-
Swelling of your ankles			· ·	Has your doctor diagnosed arthritis.		
Have you ever taken heart or water pills?				rheumatism?		
CURACINAL ACY	-	-				
ENDOCRINOLOGY		1. 1				
Have you ever had any of the	1	1 . 1				1 .
following? (If so, indicate when.)	1 ,					
Hormone problems						·1
Thyroid disease	-	+	있다. 그성 마음이 다 하셨습니까요!	r(.		

REVIEW OF SYSTEMS

		NO	? date					NO	YE? da
JRINARY Have you ever had or been told you had any of the following? (If so, indicate when.) Kidney disease or nephritis			of onset	PHYSICIAN'S CON (Leave Blank)		NEUROLOGICAL Have you ever had any of the following? (If so, indicate when.) Neurological disease			ons
	a as bankvitta						urrent headaches .		1
Protein or albu	e or nephritis		-				ciousness		
Blood or pus i	in urine						or seizures		
Prostate troub	ole					Head injury			
ve you ever h	ad a kidney x	-ray							-
I.V.P.)							nuscular weakness	-	-
						Difficulty with	normal movements coordination		\vdash
MATOLOGY)GY				Difficulty in w	alking		
ve you ever h	ad					Difficulty in s	peaking		
Anemia? Bleeding or br	uicina tondon	01/2				Double vision	or loss of vision		-
Cancer or tum									-
(-ray or radiat							memory		
							MMUNOLOGY		
						Have you ever h	nad		
						Astrima?	her skin problems?		1
						Hay fever or s	stuffy		
						nose/sinuses?			-
							penicillin?		-
						A reaction to	aspirin?any other drug?		+-
								100	
his list MUST ormones; con	dications you be detailed, a traceptives, w	are NOW takin	mplete; then ve or sleepin		mily, druggis	st, pnyscian. (Do n	ot neglect aspirin and	pain med	dicine
ist all the med his list MUST cormones; con	dications you be detailed, a	are NOW takin ccurate, and co	mplete; then ve or sleepin	refore consult with your fa	mily, druggis	n dose, how often to st, physcian. (Do no en taken	taken, and when you of neglect aspirin and When began	pain med	dicine
ist all the med his list MUST cormones; con	dications you be detailed, a traceptives, w	are NOW takin ccurate, and co	mplete; then ve or sleepin	refore consult with your fai ng pills.)	mily, druggis	st, pnyscian. (Do n	ot neglect aspirin and	pain med	dicine
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ist all the med his list MUST cormones; con	dications you be detailed, a traceptives, w	are NOW takin ccurate, and co	mplete; then ve or sleepin	refore consult with your fai ng pills.)	mily, druggis	st, pnyscian. (Do n	ot neglect aspirin and	pain med	dicine
ist all the med his list MUST cormones; con	dications you be detailed, autraceptives, we of Medicine	are NOW takin ccurate, and co	mplete; then ve or sleepin	refore consult with your fai ng pills.)	mily, druggis	st, pnyscian. (Do n	ot neglect aspirin and	pain med	dicine
ist all the meditis list MUST formones; con Name	dications you be detailed, autraceptives, we of Medicine	are NOW takin ccurate, and co rater, diet, ner	emplete; their or sleepin Strength of	refore consult with your fai ng pills.)	How often	st, pnyscian. (Do n	ot neglect aspirin and	pain med	dicine
ist all the meditis list MUST formones; con Name FAMILY HE Please give the RELATION	dications you be detailed, and acceptives, we are Medicine ALTH Me following in	are NOW takin ccurate, and co rater, diet, ner	emplete; their or sleepin Strength of	refore consult with your faing pills.) If each dose of your immediate family Stat	How often	or cause of death	When began	pain med	Ming
FAMILY HE. Please give the RELATION Mother	dications you be detailed, and acceptives, we are Medicine ALTH Me following in	are NOW taking courate, and corrater, diet, nerview, nerv	emplete; their or sleepin Strength of	refore consult with your faing pills.) If each dose of your immediate family Stat	How often	or cause of death	When began	pain med	Ming
FAMILY HE Please give th Mother Father	dications you be detailed, and acceptives, we are Medicine ALTH Me following in	are NOW taking courate, and corrater, diet, nerview, nerv	emplete; their or sleepin Strength of	refore consult with your faing pills.) If each dose of your immediate family Stat	How often	or cause of death	When began	pain med	Ming
FAMILY HE. Please give the RELATION Mother	dications you be detailed, and acceptives, we are Medicine ALTH Me following in	are NOW taking courate, and corrater, diet, nerview, nerv	emplete; their or sleepin Strength of	refore consult with your faing pills.) If each dose of your immediate family Stat	How often	or cause of death	When began	pain med	
FAMILY HE Please give th Mother Father	dications you be detailed, and acceptives, we are Medicine ALTH Me following in	are NOW taking courate, and corrater, diet, nerview, nerv	emplete; their or sleepin Strength of	refore consult with your faing pills.) If each dose of your immediate family Stat	How often	or cause of death	When began	pain med	Ming
FAMILY HE. Please give the RELATION Mother Brothers	dications you be detailed, and acceptives, we are Medicine ALTH Me following in	are NOW taking courate, and corrater, diet, nerview, nerv	emplete; their or sleepin Strength of	refore consult with your faing pills.) If each dose of your immediate family Stat	How often	or cause of death	When began	pain med	Ming
FAMILY HE. Please give the RELATION Mother Father Brothers and	dications you be detailed, and acceptives, we are Medicine ALTH Me following in	are NOW taking courate, and corrater, diet, nerview, nerv	emplete; their or sleepin Strength of	refore consult with your faing pills.) If each dose of your immediate family Stat	How often	or cause of death	When began	pain med	Ming
FAMILY HE. Please give the RELATION Mother Father Brothers and Sisters	dications you be detailed, and acceptives, we are Medicine ALTH Me following in	are NOW taking courate, and corrater, diet, nerview, nerv	emplete; their or sleepin Strength of	refore consult with your faing pills.) If each dose of your immediate family Stat	How often	or cause of death	When began	pain med	dicine
FAMILY HE. Please give the RELATION Mother Father Brothers and	dications you be detailed, and acceptives, we are Medicine ALTH Me following in	are NOW taking courate, and corrater, diet, nerview, nerv	emplete; their or sleepin Strength of	refore consult with your faing pills.) If each dose of your immediate family Stat	How often	or cause of death	When began	pain med	Military
FAMILY HEALATION Mother Fathers and Sisters Spouse	dications you be detailed, and acceptives, we are Medicine ALTH Me following in	are NOW taking courate, and corrater, diet, nerview, nerv	emplete; their or sleepin Strength of	refore consult with your faing pills.) If each dose of your immediate family Stat	How often	or cause of death	When began	pain med	Militari
FAMILY HEAD Please give the Mother Father Brothers and Sisters Spouse Children Have any block	ALTH e following in Age if alive	formation about	the following	of your immediate family State State 197 (If so, indicate relation	How often	or cause of death	When began	pain med	dicine
FAMILY HEAD Please give the RELATION Mother Brothers and Sisters Spouse Children Have any block Diabetes	ALTH e following in Age if alive	formation about Age at death	the following.	refore consult with your faing pills.) If each dose of your immediate family State g? (If so, indicate relation neer (Specify type if known	How often	or cause of death	When began	taking	
FAMILY HEAD Please give the RELATION Mother Father Brothers and Sisters Spouse Children Have any block Migraine	ALTH e following in Age if alive	formation about Age at death	the following Car Sei:	of your immediate family of your immediate family State og? (If so, indicate relation neer (Specify type if know zures or epilepsy	How often	or cause of death	When began	taking	
FAMILY HEAD INTERPOLATION Mother Father Brothers and Sisters Spouse Children Have any block Migraine Allergies	ALTH e following in Age if alive	formation about Age at death	the following the following Car Sei Blo	of your immediate family of your immediate family State g? (If so, indicate relation neer (Specify type if know zures or epilepsy od disease	How often	or cause of death Any observations	when began When began cure or unusual disea	taking	
FAMILY HEAD INTERPOLATION Mother Father Brothers and Sisters Spouse Children Have any block Migraine Allergies Alcoholism MUST MUST MUST MIGRAL MIGRAIN MIGR	ALTH e following in Age if alive	formation about Age at death	the following the following Car Sei Blo Psy	of your immediate family of your immediate family State og? (If so, indicate relation neer (Specify type if know zures or epilepsy	How often	or cause of death Any observations Abnorma	When began	taking se	