

Patient's Name: _____

MEDICAL HISTORY (PLEASE CHECK THE FOLLOWING)

- | | |
|---|---|
| <input type="checkbox"/> Coronary Hear disease | <input type="checkbox"/> Congenital heart disease |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Low blood pressure |
| <input type="checkbox"/> Mitral Valve Prolapse | <input type="checkbox"/> Heart attack |
| <input type="checkbox"/> Irregular heart beat | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> COPD, asthma,emphysema | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Renal Insuficiency | <input type="checkbox"/> Angina |

Have you had surgery in past 12 months (please explain): _____

Please list the medicines you are currently taking: _____

HISTORIAL MEDICO (POR FAVOR MARQUE LO SIGUIENTE)

- | | |
|--|---|
| <input type="checkbox"/> Enfermedad coronaria cardiaca | <input type="checkbox"/> Enfermedades cogenitas cardiacas |
| <input type="checkbox"/> Alta presion sanguinia | <input type="checkbox"/> Baja presion sanguinea |
| <input type="checkbox"/> Insuficiencia cardiaca | <input type="checkbox"/> Ataque cardiaco |
| <input type="checkbox"/> Problemas de ritmo cardiaco | <input type="checkbox"/> Solplo cardiaco |
| <input type="checkbox"/> Marcapaso | <input type="checkbox"/> Mala circulacion sanguinia |
| <input type="checkbox"/> Epilepsia | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Osteosporosis | <input type="checkbox"/> Artritis |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Deficiencia(COPD, asma,emphecima) | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Insuficiencia o trastorno renal | <input type="checkbox"/> Angina |

Ha tenido alguna sirugia en los ultimos 12 meses (por favor explicar): _____

Po favor anote las medicinas que esta tomando: _____

MEDICAL HISTORY