

Nepomuceno Hospital Group

Patient Medical History

**FACILITY NAME:** \_\_\_\_\_

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widow/Widower

Occupation/Profession: \_\_\_\_\_

**Personal History:**

Tobacco: \_\_\_ Never \_\_\_ Previous \_\_\_ Current user.

Alcohol: \_\_\_ Never \_\_\_ Previous \_\_\_ Current user

**Past Medical History:**

Dementia: \_\_\_ Alzheimer's \_\_\_ Lewy Body \_\_\_ Frontal \_\_\_ Parkinson's \_\_\_ Other \_\_\_\_\_

Stroke / TIA

Diabetes

Liver Disease /Cirrhosis

Parkinson's Disease

GERD/ Gastritis

Pancreatitis

CAD(Heart Attack/MI)

Gastric ulcer

Blood Clots/ DVT/ PE

Hypertension

Diverticulosis

Carotid Disease

High Cholesterol

Kidney Disease

Depression Anxiety

Atrial Flutter/Fibrillation

Kidney Stones

PTSD

Congestive Heart Failure(CHF)

Gallstones

Other:\_\_\_\_\_

**Surgical History:**

Heart Bypass(CABG)

Colon (colectomy)

Prostate

Pacemaker/AICD

Appendicitis

Hysterectomy

Gallbladder removal

Hernia

Breast(mastectomy/lumpectomy)

Spine/Back surgery

Ortho joint replacement: \_\_\_shoulder \_\_\_hip \_\_\_knee

## Patient Medical History

### **Review of Systems**

memory loss/confusion

stomach pain

joint/back pains

agitation

nausea and/or vomiting

falls

bloody stools

weight loss/ decreased appetite

diarrhea

shortness of breath

constipation

chest pain

UTI-recurrent

palpitations

bloody urine

Other: \_\_\_\_\_

### **Concerns of Patient or Family:**

---

---

---

---

**PATIENT'S CODE STATUS: \_\_\_\_\_ FULL CODE \_\_\_\_\_ DNR \_\_\_\_\_ HOSPICE**