

VENTURA COUNTY HEMATOLOGY ONCOLOGY SPECIALISTS

Patient Name _____
Date of Birth _____

Date: _____
Physician: _____

ALLERGIES: _____

MEDICAL HISTORY			YEAR	COMMENTS
Anemia	Y	N		
Asthma	Y	N		
Atrial fibrillation	Y	N		
Arthritis	Y	N		
Benign prostatic hypertrophy	Y	N		
Blood clot or bleeding disorder	Y	N		
Cancer (Type: _____)	Y	N		
Chronic Obstructive Pulmonary Disease(COPD)	Y	N		
Chronic renal failure	Y	N		
Congestive heart failure	Y	N		
Coronary artery disease	Y	N		
Depression	Y	N		
Diabetes type I or II	Y	N		
Diverticulitis	Y	N		
Diverticulosis	Y	N		
Gallstones	Y	N		
Gastroesophageal reflux disease	Y	N		
Hepatitis A	Y	N		
Hepatitis B	Y	N		
Hepatitis C	Y	N		
High cholesterol (hyperlipidemia)	Y	N		
High blood pressure (hypertension)	Y	N		
Hyperthyroidism	Y	N		
Hypothyroidism	Y	N		
Kidney disease	Y	N		
Kidney stones	Y	N		
Obesity	Y	N		
Osteopenia	Y	N		
Osteoporosis	Y	N		
Peripheral neuropathy	Y	N		
Peripheral vascular disease	Y	N		
Seizure	Y	N		
Stroke	Y	N		
Other:				

ADVANCE HEALTHCARE DIRECTIVE				
Do you have a Living Will?	Y	N		
Do you have a Durable Power of Attorney?	Y	N		
Who would you designate to make healthcare decisions for you if you are unable to make them yourself?				
Name	Relationship			
	Phone			

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PROCEDURE/SURGICAL HISTORY			YEAR	COMMENTS
AICD placement (automatic defibrillator)	Y	N		
Appendectomy	Y	N		
Bone marrow biopsy	Y	N		
Bone marrow transplant	Y	N		
Breast biopsy	Y	N		
Breast implant	Y	N		
Caesarean section	Y	N		
Cataract removal	Y	N		
Cholecystectomy (gallbladder removed)	Y	N		
Colonoscopy	Y	N		
Coronary artery bypass	Y	N		
Exploratory surgery	Y	N		
Hemicolectomy (colon resection)	Y	N		
Hernia repair	Y	N		
Hysterectomy	Y	N		
Indwelling catheter	Y	N		
Laminectomy	Y	N		
Lobectomy (partial lung removed)	Y	N		
Lumbar puncture	Y	N		
Lumpectomy	Y	N		
Mammoplasty (breast reduction)	Y	N		
Mastectomy	Y	N		
Orthopedic surgery	Y	N		
Pacemaker placement	Y	N		
Paracentesis	Y	N		
Pneumonectomy (lung removed)	Y	N		
Prostatectomy	Y	N		
Radiation treatment	Y	N		
Stem cell transplant	Y	N		
Thoracentesis	Y	N		
Tonsillectomy	Y	N		
Tubal ligation	Y	N		
Upper GI endoscopy	Y	N		
TURP	Y	N		
Vasectomy	Y	N		
OTHER PROCEDURES:				

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GYNECOLOGIC	
# of pregnancies	
# of births	
Age at first birth	
# of interrupted pregnancies	
Menses start at age	
Last menstrual period	
Menstrual cycle length	
Menopause status: (Circle one) Pre Peri Post Unknown	
Age at menopause	Reason
Do you take hormones?	Y N
Contraceptive hormone use	Y N # years used _____
Post-menopause use	Y N # years used _____
Other hormone use	Y N # years used _____
Date of last PAP test	
Date of last mammogram test	

FAMILY HISTORY	AGE	MEDICAL PROBLEMS
<i>Please circle A for Alive, D for Deceased. Enter current age or age of death & medical problems</i>		
Mother	A D	
Maternal Grandmother	A D	
Maternal Grandfather	A D	
Father	A D	
Paternal Grandmother	A D	
Paternal Grandfather	A D	
Sisters (# of sisters: _____)	A D	
Brothers (# of brothers: _____)	A D	

SOCIAL HISTORY	
Do you smoke?	Y N
# years you have been smoking	
# of packs per day	
Years quit	
Do you drink alcohol?	Y N
# of days per week	
# of drinks per day	
Years quit	
Do you have contact with hazardous material?	Y N Type: _____
Marital Status	
Who do you live with?	
Occupation	

 Signature