

Emory Vascular Service: Patient Pre-Registration Form

Patient Name	_____	Date	_____
Patient Address	_____ _____		
Home Phone	_____	Work Phone	_____
Age	_____	Date of Birth	_____

Primary Care Physician	_____	Office Phone	_____
Address	_____ _____		
Referring Physician	_____	Office Phone	_____
Address	_____ _____		

What is medical problem brings you to our office?

Have you had any recent angiograms, ultrasounds, or other tests related to your vascular problem?

(Please bring these to your appointment)

Past Medical History

Current Medication List: _____

Allergies: _____

Past Surgeries or Angioplasties (include type of operation and date): _____

Past Hospitalizations (include reason and date): _____

Circle Medical problems that apply to you:

HEENT: Visual disturbances Hearing Deficits Seasonal Allergies Dizziness Thyroid Disease
Respiratory: Asthma Emphysema Bronchitis Shortness of Breath
Cardiac: Chest Pain Heart Attack Heart Murmur Hypertension Heart Failure Arrhythmia
Elevated Cholesterol
Endocrine: Diabetes Thyroid
Gastrointestinal: Ulcers Diarrhea Constipation Reflux Cirrhosis of the Liver Gallstones Hepatitis
Genitourinary: Enlarged Prostate Urinary incontinence
Musculoskeletal: Arthritis
Skin: Skin Rashes Skin Cancer
Hematology: Deep venous thrombosis Pulmonary embolus Hypercoaguable state
Bleeding Disorder
Neurological: Seizures Strokes
Extremities: Swelling Varicose Veins Discoloration Ulcerations
Other: _____

Social History

Occupation _____
Do you smoke cigarettes or tobacco products? _____ How much do you smoke each day? _____
Are you a previous smoker? _____ When did you quit: _____
Do you drink alcohol? _____ How often do you drink each week? _____

Family History

Father illnesses _____ Mother illnesses _____
Is there a history of high cholesterol in your family? _____
Is there a history of bleeding disorders in your family? _____
Is there a history of blood clots in your family? _____
Is there a history of venous ulcers in your family? _____
Is there a history of varicose veins in your family? _____
Is there a history of vascular disease in your family? _____
Is there a history of aortic aneurysm in your family? _____