



Patient Medical History

Date _____

Patient Name _____ Date of birth _____

Referring physician _____ Primary physician _____

Reason for visit to AVI _____

Medical history (any diagnosed conditions/reason for taking prescribed medications)

Surgical history (any major surgical procedures)

Dialysis Patient **ONLY**

Chair time _____ Days _____ Left/Right-handed _____

Facility _____ Location _____ Phone # _____

Family History (immediate family only) Indicate who in the family had which disease

Vascular disease _____ Heart disease _____

Cancer (type) _____ Stroke _____

Describe any complications with anesthesia? _____

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**Artery
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For Staff use ONLY

HT _____

WT _____

BP _____

Location _____ Quality _____

Severity _____ Duration _____

Other comments

Smoker _____ Quantity _____ Years _____ Quit _____ Vape _____

Marijuana _____ ETOH _____ Illicit drug use _____

Allergies to medications _____

LT CEAP _____ VCS _____

Dialysis access type _____

RT CEAP _____ VCS _____

Cardiologist _____

LT pedal pulse _____

Cardiology Office _____

RT pedal pulse _____

Last EKG date/place _____