Valley Surgical Specialists Medical Group
BSV Medical Pavilion
782 Medical Center Drive East #101
Clovis, CA 93611
(559) 256-4111

Valley Surgical Specialist Medical Group **Medical HX Form**

A Member Of Community Foundation Medical Group & Sante Health Foundation

NAME: _____ DOB: _____ DATE: _____ MR#: _____

Referring MD: _____ Primary Care Physician: _____

Reason you are seeing the doctor today? _____

MEDICAL HISTORY: (please check)

- ☐ Cardiac disease
- ☐ High blood pressure
- ☐ Kidney disease
- ☐ Lung disease
- ☐ Diabetes
- ☐ Liver disease
- ☐ Thyroid disease
- ☐ Other: _____
- ☐ Other: _____

CURRENT MEDICATIONS AND DOSAGES: (including aspirin, blood thinners, and any herbal medications) or provide list

1. _____ 4. _____ 7. _____
2. _____ 5. _____ 8. _____
3. _____ 6. _____ 9. _____

MEDICATION ALLERGIES: (Penicillin, Sulfa, Morphine, Demerol, etc.) Latex Allergy: Yes ☐ No ◯

_____

PAST SURGERIES: (include approximate year if known)

1. _____ 4. _____ 7. _____
2. _____ 5. _____ 8. _____
3. _____ 6. _____ 9. _____

FAMILY HISTORY:

Number of Brothers: ____ Number of Sisters: ____

Cardiac Disease: Yes ☐ No ◯ Diabetes: Yes ☐ No ◯ High Blood Pressure: Yes ☐ No ◯

Whom: _____ Whom: _____ Whom: _____

Cancer of: Breast ☐ Ovarian ◯ Colon ◯ Prostate ◯ N/A ◯ Other type of cancer: _____

Relation & Age: _____

SOCIAL HISTORY:

Do you smoke? Yes ☐ No ◯ How many years? ____ Number of packs per day? ____ When did you quit? _____

Do you drink alcohol? Yes ☐ No ◯ Frequently ◯ Seldom ◯ Socially ◯

Profession: _____ Retired ☐ Student ◯

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