St. Anthony's

Dr. Brian Peterson, Dr. Gary Peterson
& Dr. Matthew Abate

Vascular Surgery New Patient Form

Patient Information

Patient Name (First, MI, Last): _____

Birthdate (MM/DD/YY): _____

Primary Care Physician (PCP): _____

Referring Physician (This may be the same as your PCP): _____

Reason for Visit: _____

Medications (List prescription meds & over-the-counter meds. Type 'None' if you do not take any medications):

_____

_____

Allergies (List reaction if known. Type 'None' if you do not have any drug/food allergies):

_____

_____

PAST MEDICAL AND SURGICAL HISTORY

Past Medical History:

☐ High Blood Pressure	☐ High Cholesterol	☐ Thoracic Aortic Aneurysm	☐ Arrhythmia
☐ Coronary Artery Disease	☐ Heart Attack/MI	☐ Abdominal Aortic Aneurysm	☐ Stroke
☐ Congestive Heart Failure	☐ Seizures	☐ Varicose Veins	☐ PVD
☐ Pulmonary Embolus	☐ clotting Disorder	☐ Emphysema/COPD	☐ DVT
☐ Asthma	☐ Pneumonia	☐ Diabetes	☐ Prostate Problems
☐ Kidney Disease	☐ Dialysis	☐ Urinary Tract Infection	☐ Cancer
☐ Liver Disease	☐ GERD	☐ Depression	☐ Anxiety
☐ Other Psychiatric Illness	☐ Other: _____		

Surgeries /Hospitalizations (List operations and approximate dates):

_____

_____

SOCIAL/PERSONAL HISTORY

Tobacco Use: ☐Yes/Current ☐Former ☐No/Never

Tobacco Details (Type/Frequency/Quite Date): _____

Alcohol Use: ☐Yes/Current ☐Former ☐No/Never

Alcohol Details (Type/Frequency/Quite Date): _____

Illegal Drug Use: ☐Yes/Current ☐Former ☐No/Never

Illegal Drug Details (Type/Frequency/Quite Date): _____

Employment: ☐Employed ☐Retired ☐Disabled ☐Unemployed

Employment Details (Current Job/ Type of Work): _____

Marital Status: ☐Single ☐Married ☐Divorced ☐Widowed

FAMILY HISTORY (Please list medical problems and cause of death if applicable):

Father: _____ Mother: _____

Siblings: _____

REVIEW OF SYSTEMS (ROS) (Please check all that apply):

Constitutional
☐ Fatigue ☐ Fever ☐ Recent Weight Change

Gastrointestinal
☐ Nausea/Vomiting ☐ Abdominal Pain ☐ Constipation ☐ Diarrhea

Eyes
☐ Eye Disease ☐ Wear Glasses/Contacts ☐ Blurry/Double Vision

Ears/Nose/Throat
☐ Hearing Loss ☐ Change in Voice ☐ Ringing in Ears

Genitourinary
☐ Frequent Urination ☐ Blood in Urine ☐ Impotence

Cardiovascular
☐ Palpitations ☐ Chest Pain/Tightness ☐ Syncope/Fainting

Respiratory
☐ Chronic Cough ☐ Shortness of Breath ☐ Wheezing

Neurological
☐ Seizures ☐ Paralysis ☐ Numbness/Tingling ☐ Headaches

Musculoskeletal
☐ Arthritis ☐ Back Pain

Vascular
☐ Leg Pain with Walking ☐ Pain in Toes at Rest

Skin
☐ Rashes ☐ Lesions/Wounds

Psychiatric
☐ Memory Loss ☐ Depression/Anxiety

Thank you for taking the time to fill out this form. If you have any questions prior to your appointment, please call our office at (314) 525-4325.

Regards,
St. Anthony's Vascular Surgery Office