# *Your Medical History*

**_Texas Lipid Clinic_**
**3205 W. Davis Ste B222**
**Conroe, Texas 77304**
**(936) 756-0000**

***Name*** ______________________ ***Date of visit***________

***Date of birth*** __________________ ***Your age as of today***_________

## *Have you ever had any of the following ?*

*If yes, comment on year diagnosed*

| | Yes | No |
|---|---|---|
| Diabetes | ☐ | ☐ |
| High cholesterol | ☐ | ☐ |
| High blood pressure | ☐ | ☐ |
| Heart trouble/heart attack | ☐ | ☐ |
| Stroke | ☐ | ☐ |
| Cancer and type | ☐ | ☐ |
| Kidney or urinary disorder | ☐ | ☐ |
| Asthma or emphysema | ☐ | ☐ |
| Bowel-GI disorder | ☐ | ☐ |
| Glaucoma or eye problems | ☐ | ☐ |
| Neurologic disorder | ☐ | ☐ |
| Mental illness | ☐ | ☐ |
| Thyroid problem | ☐ | ☐ |
| Arthritis | ☐ | ☐ |
| Sexually transmitted disease | ☐ | ☐ |
| Hepatitis or yellow jaundice | ☐ | ☐ |
| Bleeding or blood disorder | ☐ | ☐ |
| Blood transfusion | ☐ | ☐ |
| Infectious disease | ☐ | ☐ |

## *For women only*

*Are you pregnant* **Yes** ☐ **No** ☐

*Last menstrual period* _______

## *Drug Allergies ? (list below)*

## *Do your parents, brothers, or sisters have any of the following ?*

| | | |
|---|---|---|
| *Heart problems (heart attack, by-pass surgery, etc)* ? | **Yes** ☐ | **No** ☐ |
| *Cancer (colon, prostate, breast, ovarian, or other)* ? | **Yes** ☐ | **No** ☐ |
| *High cholesterol* ? | **Yes** ☐ | **No** ☐ |
| *Diabetes* ? | **Yes** ☐ | **No** ☐ |
| *Other medical problems* ? | **Yes** ☐ | **No** ☐ |

| *Year* | *Surgery/Hospitalization/Procedure (list below)* |
|---|---|
| | |
| | |
| | |
| | |

| *Medications (please include dose and frequency)* |
|---|
| |
| |
| |
| |

## *Have you ever smoked tobacco ?*

**Yes** ☐ **No** ☐

*How many packs per day* ? __________

*How many years* ? ___________

*What year did you quit* ? ___________

## *Do you drink alcohol ?*

**Yes** ☐ **No** ☐

*How many drinks per week* ? _________

## *Have you ever experimented with drugs ?*

**Yes** ☐ **No** ☐

Your initials here ______________

Reviewed _____________________