RMH | PULMONOLOGY CARE

# PATIENT HISTORY FORM

Dr. Takeshi Seto, Board Certified Pulmonologist
1301 S. Main St., Ottawa, KS
785-229-8267 | www.ransom.org

**Patient Name:** ______________________________________ **Age:** _____________ **DOB:** __________________________

What is the reason for your visit today? ____________________________________________________________________

## PAST MEDICAL HISTORY

***Please mark any of your current/prior medical problems:***

| | | | |
|---|---|---|---|
| ❑ Diabetes | ❑ High Blood Pressure | ❑ High Cholesterol | ❑ Cancer – Type: ___________ |
| ❑ Stroke | ❑ Heart Attack | ❑ Emphysema/COPD | ❑ Alcoholism |
| ❑ Drug Problem | ❑ Depression | ❑ Arthritis | ❑ Thyroid Disease |
| ❑ Anemia | ❑ Mental Health Problems | ❑ Asthma | ❑ Liver Disease |
| ❑ Allergies | ❑ Glaucoma | ❑ Tuberculosis/Positive Skin Test | |

**Please list any other medical history, including pregnancies:** __________________________________________________

_____________________________________________________________________________________________________

**Please list prior surgeries:** ____________________________ ___________________________________________________

_____________________________________________________________________________________________________

**Allergies to medications/food/latex:** ______________________________________________________________________

_____________________________________________________________________________________________________

**Please list medication you take (including over the counter medication and vitamins):** ___________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

## SOCIAL HISTORY

**Marital Status:** __________________ **Number of Children:** _______________ **Occupation:** ___________________________

**Hobbies/Activities:** __________________________________________________________________________________

**Exercise:** ____________________________________________________________________________________________

**Do you smoke cigarettes/use tobacco products?** ❑ Yes ❑ No

How Often: ________ ______________ For how many years? ________________

**Do you drink alcohol?** ❑ Yes ❑ No

How Often: ________ ______________ For how many years? ________________