UNIVERSITY MEDICINE & CARDIOLOGY
Vein Center at UMC

Stamatis (Tom) **Dimitropoulos M.D.**
Board Certified Cardiovascular Disease Medicine

Medical History

Date: _____

WELCOME TO OUR OFFICE! Filling out this sheet provides us with information vital to your health and will aid us in accurately filing your insurance forms. Be assured that this information will remain strictly confidential. Please note this form is two-sided. We ask that you complete each section as fully as possible.

PATIENT INFORMATION

Patient's Full Name: _____ Date of Birth (DOB): _____ Age: _____ Sex: M: _____ F: _____

Referred by: ☐ Dr. _____ ☐ Self or Friend: _____

MEDICATIONS

Please list all medications you are currently taking including dietary supplements: _____

_____

_____

ALLERGIES

Please list all allergies: _____

_____

_____

SYSTEM REVIEW: Please check all that apply and add any other important problems

PERSONAL HISTORY OF FAINTING: ☐ NO ☐ YES: (explain): _____

Skin
- ☐ Normal
- ☐ Abnormal Healing
- ☐ Other Skin Disorders: _____

Infections
- ☐ None
- ☐ Hepatitis
- ☐ HIV/AIDS
- ☐ Tuberculosis

Constitutional
- ☐ None
- ☐ Weight Loss
- ☐ Fever
- ☐ Other: _____

Ears/Eyes/Nose/Throat
- ☐ Normal
- ☐ Glaucoma
- ☐ Hearing Aid
- ☐ Plastic Surgery

Cardiovascular
- ☐ Normal
- ☐ Angina
- ☐ Artificial Heart Valve
- ☐ Hypertension
- ☐ Heart Attack - Date: _____

Respiratory
- ☐ Normal
- ☐ Asthma
- ☐ Emphysema
- ☐ Other: _____

Gastrointestinal
- ☐ Normal
- ☐ Stomach Ulcer
- ☐ Colitis
- ☐ Liver Damage
- ☐ Other: _____

Musculoskeletal
- ☐ Normal
- ☐ Arthritis
- ☐ Artificial Joint
- ☐ Other: _____

Neurological
- ☐ Normal
- ☐ Stroke
- ☐ Seizure
- ☐ Other: _____

Psychiatric
- ☐ Normal
- ☐ Depression
- ☐ Anxiety Attacks
- ☐ Other: _____

Endocrine
- ☐ Normal
- ☐ Diabetes
- ☐ Thyroid
- ☐ Kidney Disease

Hematologic/Lymphatic
- ☐ Normal
- ☐ Anemia
- ☐ Bleeding Problems
- ☐ Enlarged Lymph nodes

Form continues on back side

8110 South Cass Avenue
Darien, Illinois 60561
T: (630) 963-4000
F: (630) 974-5151

4605 West Golf Road
Skokie, Illinois 60076
T: (630) 963-4000
F: (630) 974-5151

frontdesk@mygreatveins.com
www.mygreatveins.com

Stamatis (Tom) **Dimitropoulos M.D.**
Board Certified Cardiovascular Disease Medicine

Medical History

PAST HISTORY

Medical History: (list any other medical problems) _____

_____

_____

Major Hospitalizations: (list any other medical problems) _____

_____

_____

Family History: Mom: Dad: Brother: Sister:

Social History: Occupation: _____ Marital Status: S: _____ M: _____ W: _____ D: _____

Smoking: ☐ NO ☐ Former ☐ YES, packs per day: _____ **Alcohol:** ☐ NO ☐ Social/Occasional only

Do you wear: ☐ Dentures ☐ Glasses ☐ Contact Lenses ☐ Hearing Aid ☐ Artificial Limb/Joint

Alcohol or Drug problems/addictions: ☐ NO ☐ YES, describe: _____