ENCINO VASCULAR INSTITUTE

FARSHAD MALEKMEHR, M.D., F.A.C.S.
CARDIOTHORACIC & VASCULAR SURGERY
Encino, CA 91436 and Valencia, CA, 91355 TEL: (818) 908-9752 FAX: (661) 799-745

Date:

PAST MEDICAL HISTORY

Name of the Patient: _____

Please place a check mark next to anything that applies to you:

HISTORY OF ILLNESS	
Measles	
Mumps	
Whooping Cough	
Polio	
Tuberculosis	
Malaria	
Hives	
Cancer	
Arthritis	
Bronchitis	
Asthma	
Diabetes	
High Blood Pressure	
Anemia	
Hepatitis	
Ulcer	
Kidney Disease	
Nosebleed	
Hay Fever	
Other:	

SURGERY	
Tonsils	
Appendix	
Brain	
Breast	
Uterus/ovary	
Hernia	
Varicose Veins	
Heart	
Vascular	
Gall Bladder	
Lung	

INJURIES:	
Head	
Chest	
Abdomen	
Broken Bones	

MEDICATION TAKING	
Apixban	
Aspirin	
Arixtra	
Coumadin	
Dabigatran	
Edoxaban	
Eliquis	
Fondaparinux	
Fragmin	
Heparin	
Innohep	
Lovenox	
Pradaxa	
Rivaroxa ban	
Savaysa	
Xarelto	

SOCIAL ASSESSMENT:	
Smoking: ☐ **Yes** ☐ **No**	
How Many Years:	When Did You Quit:
Alcohol: ☐ **Yes** ☐ **No**	
QTY:	Weekly, Daily, Monthly, Annual
Other Drugs: ☐ **Yes** ☐ **No**	
QTY:	Weekly, Daily, Monthly, Annual

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MEDICATION LIST

Medication	Reason	Dose	How Many Times Taken

Any additional information you would like us to know: