



STUART M. HOMER MD & ASSOCIATES

HYPERTENSION • NEPHROLOGY • INTERNAL MEDICINE

MEDICAL HISTORY

Patient Name: _____ Date: _____

PAST MEDICAL HISTORY

Have you ever had: (Circle)

Diabetes	Kidney Disease	High Triglycerides
Hepatitis	Stones: Location: _____	High Cholesterol
Ulcers	Stroke	Colonic Polyps
Reflux	Voiding Problems	Heart Disease
Lupus	Bladder Infections	High Blood Pressure
Arthritis	Peripheral Vascular Disease	Other: _____
Multiple Sclerosis	Prostate Problems	

PAST SURGICAL HISTORY AND PROCEDURES

Please circle and provide dates of surgery or procedure:

Appendectomy	Coronary Artery Bypass
Cataracts	Joint Replacement
Gallbladder	Lithotripsy
Coronary Stents	Prostate Surgery
Hysterectomy	Carotid Surgery
Mammography	Other Vascular Surgery
Colonoscopy	Other: _____