MERCY MEDICAL CENTER

A partnership of

The Sisters of Charity of St. Augustine Health System *and* **UniversityHospitals HealthSystem**

Patient Medical History

Past Medical History (Year:________)

Physician________________________________

Address________________________________

Phone________________________________

Past Medical History (Year:________)

Physician________________________________

Address________________________________

Phone________________________________

Previous Hospitalizations & Surgeries

Reason/Surgery____________________________

Hospital Name____________________________

Address____________________________

Physician/Surgeons____________________________

Reason/Surgery____________________________

Hospital Name____________________________

Address____________________________

Physician/Surgeons____________________________

Circle those that apply:

- Glaucoma, Cataracts
- Asthma, TB, Pneumonia, Emphysema, Shortness of Breath, COPD,
  Other Lung problems:____________________________
- Rheumatic Fever, Hypertension, Congestive Heart Failure, Heart Attack, Heart Rhythm problems,
  Other Heart problems:____________________________
- Anemia, Bleeding Disorders, Sickle Cell illness,
  Other blood problems:____________________________
- Seizures, Stroke, TIA, Epilepsy, Paralysis,
  Other Brain and Nervous System problems:____________________________
- Ulcers, Diverticular disease, Hernia, Hepatitis, Gallbladder disorders,
  Other Stomach, Intestinal or Liver disorders:____________________________
- Kidney, Urinary Tract Infections, Prostate problems, STDS, Pregnant,
  Other Kidney or GYN problems:____________________________
- Arthritis, Osteoporosis, Back Injury,
  Other Bone or Muscle problems:____________________________
- Diabetes, Thyroid disorders, Mental Illness, Depression, Schizophrenia, Bi-Polar, Cancer,
  Other Endocrine disorders:____________________________
- Implanted Devices: Venous Access, Pacemaker, ALCD, Protacath
- Diet History: Special Diets____________________________ ☐ Low Salt ☐ Low fat

Advanced Directives / Organ Donor / Patients Rights and Responsibilities

- Does patient have an Advanced Directive? ☐ Yes ☐ No
  If Yes, what type?____________________________
  If No, Offered Advanced Directive Information to: ☐ Patient ☐ Family
  – Response: ☐ Accepted ☐ Refused

– Is a copy the Directive in patient's Chart? ☐ Yes ☐ No

– If a copy of the Directive is not in patient's Chart, was it requested? ☐ Yes ☐ No

Other Questions or Further Information requested?

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