Bryan Matanky, M.D
Vanessa Gordon, PA-C Kelsy Rokey, PA-C Kristi Preston, PA-C
1760 E Florence Blvd, Suite 120 Casa Grande, Az 85122

Today's Date: _____

MEDICAL HISTORY

Name: _____ Date of Birth: _____Age: _____

Height: _____ Weight: _____(pounds) □ Male □ Female

Patient is: □ right handed □ left handed

Reason for visit today: Extremity: □ Left □ Right (body part):_____

If accident or injury, type and date: _____

Primary Care Physician:_____ Phone: _____ □ No Primary Care Physician

Specialist Physician:

Name: _____ Specialty: _____ Phone: _____

Name: _____ Specialty: _____ Phone: _____

HABITS

Please mark at least one box on each line.

SMOKING:	□ CURRENTLY	□ PREVIOUSLY	□ NEVER (Packs/day____ Years_____)	
ALCOHOL:	□ SOCIAL	□ PREVIOUSLY	□ NEVER	□ OTHER_____
ASPIRIN:	□ CURRENTLY	□ PREVIOUSLY	□ NEVER	
COFFEE:	□ CURRENTLY	□ PREVIOUSLY	□ NEVER	
DRUG USE (ILLICIT):	□ CURRENTLY	□ PREVIOUSLY	□ NEVER	□ MEDICAL
MARJUANA:	□ CURRENTLY	□ PREVIOUSLY	□ NEVER	□ MEDICAL
STEROIDS:	□ CURRENTLY	□ PREVIOUSLY	□ NEVER	□ MEDICAL

FAMILY HISTORY

(Please check all that apply)

□NONE

- □ Anemia
- □ Arrhythmia
- □ Arthritis
- □ Asthma
- □ Atrial Fibrillation
- □ Bleeding Disorders
- □ Blood Clots
- □ Cancer
- □ Circulatory Problems
- □ Diabetes Mellitus
- □ Liver Disease
- □ Epilepsy
- □ Genetic/Hereditary Disorders
- □ Gout
- □ Heart Disease
- □ Heart Murmur
- □ Hemophilia
- □ HIV/AIDS
- □ Hypertension
- □ Kidney Disease
- □ Leukemia
- □ Malignant Hyperthermia
- □ No Family History Reported
- □ Obesity
- □ Osteogenesis Imperfecta
- □ Psychiatric Disorders
- □ Rheumatoid Arthritis
- □ Seizure Disorder
- □ Stroke
- □ Thyroid Disease

SURGICAL HISTORY

□ NONE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

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Today's Date: _____

Name: _____ Date of Birth: _____Age: _____

PERSONAL MEDICAL HISTORY
(Please check all that apply)

□NONE

- □ Anemia
- □ Aneurysm
- □ Arrhinia
- □ Arthritis
- □ Asthma
- □ Atrial Fibrillation
- □ Bleeding Disorders
- □ Blood Clots (Thromboembolism)
- □ Blood Transfusion
- □ Bulging Disc
- □ Cancer
- □ Cardiac Pacemaker
- □ Cardiomyopathy
- □ Carotid Artery Stricture
- □ Carpal Tunnel Syndrome
- □ Cellulitis
- □ Cerebral Palsy
- □ Cerebrovascular Accident (CVA)/ Stroke/ Transient Ischemic Attack (TIA)
- □ Cholesterol
- □ Congenital Heart Disease
- □ Congestive Heart Failure
- □ CPOD
- □ Coronary Artery Disease (CAD)
- □ Deep Venous Thrombosis
- □ Degenerative Disc Disease
- □ Depression
- □ Diabetes Mellitus
- □ Epilepsy
- □ Fibromyalgia
- □ Gastroesophageal Reflux Disease (Heartburn)
- □ Gout
- □ Heart Disease
- □ Heart Failure
- □ Heart Murmur
- □ Heart Palpitations
- □ Hepatitis A
- □ Hepatitis B
- □ Hepatitis C
- □ Herniated Disc
- □ HIV/AIDS
- □ Hypertension (High Blood Pressure)
- □ Hyperthyroidism
- □ Hypothyroidism
- □ Incontinence
- □ Irregular Heart Beat
- □ Kidney Disease
- □ Liver Disease
- □ Mental Retardation
- □ Myocardial Infraction (MI) (Heart Attack)
- □ No Personal Illnesses Reported
- □ Osteopenia
- □ Osteoporosis
- □ Parkinson's Disease
- □ Peripheral Neuropathy
- □ Peripheral Vascular Disease
- □ Prostate Cancer
- □ Pulmonary Disease
- □ Reflux Sympathetic Dystrophy
- □ Rheumatoid Arthritis
- □ Sciatica
- □ Seizure Disorder
- □ Spinal Stenosis
- □ Varicose Veins
- □ Venous Insufficiencies
- □ Vertigo

Local Pharmacy Name: _____ Nearest cross-streets: _____

City: _____

DRUG ALLERGIES □ NONE	**CURRENT MEDICATIONS** □ NONE □ COPY ATTACHED
NAME: REACTION:	NAME: DOSAGE:
ARE YOU ALLERGIC TO LATEX? □ Y □ N	***ARE YOU CURRENTLY TAKING A BLOOD THINNER? □ Y □ N***

FEMALES: ARE YOU PREGNANT? □ YES □NO □POSSIBLY IF YES: ':_____