



RADIOLOGY ASSOCIATES of HARTFORD, P.C.

Patient History & Physical Form

Avon • Phone: (860) 409-1952 • Fax: (860) 409-1942
Enfield • Phone: (860) 714-9410 • Fax: (860) 714-9409
Glastonbury • Phone: (860) 714-9710 • Fax: (860) 714-8185

Patient Name: Age: D.O.B.: Visit Date:
Referring/Consulting Doctor: Referring Doctor Phone:
Primary Care Doctor

Reason for visit: Please list when condition started; is it better or worse now and what tests/treatments have been done? Any new medication started?
If you have pain, please describe: Location: Timing: Duration: Quality: What makes it worse/better? Rate Severity mild (1) – severe (10)

Table with 3 columns: Past Medical History, List Any Other Medical Problems, and Yes/No columns for various conditions like High Blood Pressure, Diabetes, etc.

Past Surgical History Check items listed and please list ALL other types and WHEN:
Heart bypass, Leg bypass R/L, Vein Surgery R/L, Carotid Surgery R/L, Aortic Aneurysm, Hernia, Gallbladder, Thyroid, Other

Table with 4 columns: Has anyone in your family ever had..., Father, Mother, Bro/Sis, and Social History (Alcohol, Tobacco, etc.)

Provide List of All Medications and Dose you are currently taking – including all natural supplements.

Med Allergies: Pain Meds:



RADIOLOGY ASSOCIATES of HARTFORD, P.C.

Avon • Phone: (860) 409-1952 • Fax: (860) 409-1942
Enfield • Phone: (860) 714-9410 • Fax: (860) 714-9409
Glastonbury • Phone: (860) 714-9710 • Fax: (860) 714-8185

Review of Systems: Please circle all that apply

- Constitutional: fever, chills, weight loss/gain – lbs.
Skin: ulcers, rash, itching, cellulitis, melanoma, basal cell cancer, squamous cell cancer
Eyes: temporary loss of vision in one eye, blurred vision, cataracts, glasses
ENT: dentures, ear problems, hearing aid, nose bleeds, congestion, swallowing problems
Cardiac: chest pain, angina, chest pain with exertion, palpitations, leg swelling, ankle swelling
Respiratory: short of breath (SOB), wheezing, SOB when lie flat
GI: nausea, vomiting, diarrhea, constipation, abdominal pain, blood in stools
GU: frequency, urgency, burning when urinate, prostate problems, kidney disease
Musculoskeletal: pain legs/calf while walking, sciatica, back pain, back disc disease, joint pain
Neurologic: dizzy, lightheaded, weak or numb one side – arm/leg/face, headache, pass out
Psych: depression, anxiety, psychosis, rehab for drug or alcohol abuse
Endocrine: excessive thirst or urination, thyroid disease
Heme/Immune: HIV/AIDS, Hepatitis A, B, C, allergies, easy bruising, clotting disorder

Varicose Veins/Spider Veins: If you are here for this condition, please circle all that apply

- 1. Do you experience any of the following?
a. Aching pain in your legs... Yes No
b. Heaviness... Yes No
c. Tiredness/fatigue ... Yes No
d. Itching/burning... Yes No
e. Swollen ankles... Yes No
f. Leg cramps... Yes No
g. Restless legs... Yes No
h. Throbbing... Yes No
i. Other
2. Have your veins worsened in recent months? Yes No
3. Do you elevate your legs to relieve discomfort? Yes No
4. Do you, or have you used any type of support/compression hose?... Yes No
5. Do they provide relief? Yes No
6. Are you taking any pain medicine? Yes No
a. What type and how often?
7. Are you taking any iron supplements or vitamins with iron? Yes No
8. Have you ever had your veins evaluated before? Yes No
a. If so, when and where?
9. Have you ever had a superficial vein or varicose vein blood clot, phlebitis? Yes No
10. Have you ever had a deep vein thrombosis? Yes No

Blood Pressure: Pulse:

Notes:

Patient Name: Hx reviewed with patient Initials