statcare
Statcare Urgent & Walk-In Medical Care

| Patient Name: | | DOB: / / | Age: |
|---|---|---|---|
| Procedure: | | ☐Left | ☐Right |
| Date of Surgery: / / | Diagnosis | Weight | Height: | BMI |

| Past Surgical History: | Medications: | Y | N |
|---|---|---|---|
| | | Beta blocker ☐ | ☐ |
| | | Anticoagulant ☐ | ☐ |
| | | Ant platelet ☐ | ☐ |
| | | Insulin ☐ | ☐ |

*PAST MEDICAL HISTORY*

**Cardiovascular disease**

- ☐ Chest pain/Tightness/Pressure on exertion
- ☐ Congestive Heart Failure
- ☐ Heart Attack
- ☐ High blood pressure
- ☐ Irregular heart beat
- ☐ Pacemaker/ Defibrillator

**Respiratory Disease**

- ☐ Severe COPD
- ☐ Sleep Apnea
- ☐ Asthma
- ☐ Smoking history with the past year

**Neurological Disorder**

- ☐ Stroke or TIA
- ☐ Seizure

**Systemic Disease**

- ☐ Diabetes
- ☐ CKD
- ☐ ESRD on Hemodialysis
- ☐ Liver Disease
- ☐ Disseminated Cancer

**Allergies**

*PHYSICAL EXAM:*

**Vitals:**

Temp:_____ HR:_____ BP:____/____ Res:____

General:
HEENT:
Lungs:
Cardiac:
Abdomen
Back:
Extremities:
Vascular:
Neurologic:

*Diagnostic Results*

*Signature*