



Vista Radiology, PC

2001 Laurel Avenue, Ste N304

Knoxville, TN 37916

Office: (865) 595-4100

Referred by _____ Primary Care Physician _____ Date _____

Patient Name _____ DOB _____ Age _____ Sex _____

Address _____ Home/Cell Phone _____ Work Phone _____

Reason for consultation? _____

Past Medical History:

Diabetes	Heart Disease	Lung Disease	High Blood Pressure
Stroke	Liver Problems	Kidney Problems	High Cholesterol
Cancer	Aneurysm	Peptic Ulcer or GI Bleed	

Past Surgical History:

Family History:

Diabetes	Heart Disease	Lung Disease	High Blood Pressure
Stroke	Liver Problems	Kidney Problems	High Cholesterol
Cancer	Aneurysm	Peptic Ulcer or GI Bleed	

Social History:

Marital Status: _____

Do you consume tobacco? Y or N _____ smoke _____ chew _____ other _____ How much? _____
 How often? _____

Do you consume alcohol? Y or N _____ smoke _____ chew _____ other _____ How much? _____
 How often? _____

Any Problems with Anesthesia or Sedation? _____

Circle any symptoms you are experiencing and give details in the lines below:

General

Fever	Weight Loss	Weight Gain	Fatigue	Weakness
Fainting	Heat Intolerance	Cold Intolerance	Increased Thirst	

Explain:

Eyes, Ears, Nose and Throat

Double Vision	Blurred Vision	Eye Pain	Dizziness	Hearing Loss
Sinus Problems	Ringing in Ears	Sore Throat	Nose Bleeds	Dry Mouth

Explain:

Cardiac

Chest Pain	Irregular Beats	Rapid Heartbeat	Anemia	Palpitations
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Explain:

Respiratory

Shortness of Breath	Cough	Wheezing	Pain with Breathing	Coughing up Blood
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Explain:

Gastrointestinal

Heartburn	Abdominal Pain	Diarrhea	Nausea	Pain After Meals
Vomiting	Blood in Stool	Change in Bowel Habits		Vomiting Blood

Explain:

Musculoskeletal

Foot Ulcers	Joint Pain	Swollen Joints	Leg Cramps	Stiff Joints
Leg Pain at Night	Pain with Walking			

Explain:

Urinary

Kidney Stones	Painful Urination	Blood in Urine	Urgency	
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Explain:

Skin

Ulcers	Rashes	Coolness	Night Sweats	
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Explain:

Neurological

Weakness	Headaches	Numbness	Slurred Speech	
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Explain:

Psychiatric

Anxiety	Depression	Chronic Fatigue		
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Explain:

Medication List

Please check if you take any of the following:

Aspirin	_____	Dose	_____
Coumadin (Warfarin)	_____	Dose	_____
Plavix (Clopidogrel)	_____	Dose	_____
Pradaxa (Dabigatran Etexilate)	_____	Dose	_____
Brillinta (Ticagrelor)	_____	Dose	_____
Eliquis	_____	Dose	_____
Ticlid (Ticlopidine)	_____	Dose	_____
Effient (Prasugrel)	_____	Dose	_____
Nexium (Esomeprazole)	_____	Dose	_____
Prevacid (Lansoprazole)	_____	Dose	_____
Prilosec (Omeprazole)	_____	Dose	_____
Acidphex (Rabeprazole)	_____	Dose	_____

Please list additional medications and dosage:

Medication Allergies:
