



Office: (516) 584-6674
 Mobile: (516) 398-2357
 www.ivevolutionmed.com
 bev@ivevolutionmed.com
 65 Berry Hill Rd, Syosset,
 NY 111791

Medical History Questionnaire

Contact

Name	Date of Birth	Address	Best Contact Phone

Health Care Professional Contact

Referring Health Professional name & Address (if known)	Referring Health Professional Phone Number

Primary Care Health Professional Name & Address (if known)	Primary Care Health Professional Phone Number



Medical / Surgical history

Height	Weight

Heart Health History

Circle all that apply

Heart Health Issue	Further explanation if any
High blood pressure	
Heart Stents/Chest pain/Heart attack	
Heart valve surgery/Artery Bypass	
Palpitations/Arrhythmia	
Heart Failure	
Lightheaded/Dizziness/Fainting/Passing out	
Trouble breathing with exertion	
Swelling	
Other	



Lung Health History

Circle all that apply

Lung Health Issue	Further explanation if any
COPD/Emphysema/Bronchitis	
Asthma	
Lung fibrosis	
Home oxygen	
Pulmonary hypertension	
Other	

Brain Health History:

Circle all that apply

Brain Health Issue	Further explanation if any
Stroke/TIA(mini stroke)	
Dementia	
Arm Leg weakness	
Numbness/Tingling	
Headaches/Migraines	
Other	



Gastrointestinal Health History

Circle all that apply

Gastrointestinal Health Issue	Further explanation if any
Kidney problems	
Liver problems	
Acid reflux	
Nausea/vomiting	
Constipation/Diarrhea	
Inflammatory bowel disease	
Irritable bowel syndrome	
Other	



Other Health History

Circle all that apply

Other Health Issue	Further explanation if any
Rheumatological problems	
Thyroid	
Muscle/Bone/Joint	
Skin disorders	
Gynecological issues	
Immunity problems	
Chronic Pain	
Malignancy/cancer	
Pregnancy (Current or Possibility)	
Last Menstrual Period	



Surgeries

Surgery	Reason

Allergies to medications/ food

Allergen	Reaction



Substance Use History

Substance	Frequency	Quantity	Duration	Last use
Alcohol				
Tobacco				
Marijuana				
Heroin				
Cocaine				
Other				
Other				
Other				



I give permission for IV Evolution Med PLLC Dr. Kraszewski- Silverman to infuse _____ . Risk of allergic reactions and infection at the site may occur. I understand and accept these risks.

X _____