



**PATIENT SURGICAL AND MEDICAL HISTORY FORM**

**PATIENT INFORMATION**

Today's Date \_\_\_/\_\_\_/\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  Male  Female

Primary/referring physician: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Cardiologist: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

What tests have been done for this? Where were they performed? \_\_\_\_\_

**PAST SURGICAL HISTORY (PLEASE CHECK ANY / ALL THAT APPLY)**

**ABDOMEN**

- hernia (groin L / R / both, umbilical / incisional)
- intestinal resection (stomach / small intestine / colon )
- cholecystectomy (gallbladder)
- appendectomy
- abdominoplasty (tummy tuck)
- other: \_\_\_\_\_

**GENITOURINARY**

- bladder
- kidney stone removal
- prostatectomy
- other: \_\_\_\_\_

**HEART**

- pacemaker
- defibrillator
- bypass
- valve repair / replacement

**LUNG**

- type \_\_\_\_\_

**HEAD AND NECK**

- thyroidectomy
- parathyroidectomy
- tonsillectomy
- other: \_\_\_\_\_

**SPINE**

- fusion
- discectomy
- laminectomy

**SKIN**

- biopsy(ies)
- abscess drainage
- pilonidal cyst

**OB / GYN**

- C-section: \_\_\_time(s)
- hysterectomy (partial / total)
- tubal ligation
- ovarian

**BREAST**

- biopsy
- lumpectomy
- mastectomy
- reduction
- implants
- other: \_\_\_\_\_

**FAMILY HISTORY (CHECK ANY / ALL THAT APPLY)**

- heart disease
- high blood pressure
- heart attack
- thyroid cancer
- lung cancer
- colon cancer
- breast cancer
- ovarian cancer
- uterine cancer
- diabetes
- irritable bowel diseases (Crohn's / ulcerative colitis)
- other: \_\_\_\_\_
- none of the above

**SOCIAL HISTORY**

**TOBACCO**  nonsmoker  ex-smoker  
 smoker: \_\_\_\_\_ pack(s) per day

**ALCOHOL: DRINKS**  
per week: \_\_\_\_\_ or per day \_\_\_\_\_

**DRUGS / SUBSTANCE USE**

**MEDICATION(S)**

- aspirin
- Plavix
- Coumadin / warfarin
- other: list name(s) & dosage(s)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**FEMALES ONLY**

Age you began menstruating: \_\_\_\_\_ Date of last period \_\_\_/\_\_\_/\_\_\_

Have you ever been pregnant?  yes  no If yes, how many times? \_\_\_\_\_

Are you taking hormone replacement?  yes  no

**ALLERGIES / REACTIONS  Yes (please list)  NONE**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEDICAL HISTORY (SYMPTOMS AND CONDITIONS)**

CHECK THE APPROPRIATE BOX(ES) BELOW IF YOU HAVE (OR HAVE HAD IN THE PAST) **\*ANY\*** OF THE FOLLOWING:

**ABDOMINAL**

- hernia: (where? \_\_\_\_\_)
- distention
- nausea
- vomiting
- diarrhea
- constipation
- pain  
Location:
  - right upper
  - right lower
  - left upper
  - left lower
  - umbilical
  - generalized
- SEVERITY (CIRCLE):  
1 2 3 4 5 6 7 8 9 10  
SLIGHT  $\longleftrightarrow$  SEVERE
- other: \_\_\_\_\_
- none of the above

**SKIN**

- basal cell cancer
- squamous cell cancer
- melanoma
- rash
- itching
- jaundice
- other: \_\_\_\_\_
- none of the above

**GU / RENAL**

- kidney disease
- renal failure / dialysis
- UTI
- dark urine
- kidney stones
- prostate enlargement
- prostate cancer
- other: \_\_\_\_\_
- none of the above

**GI / ENDOCRINE**

- thyroid disease (hyper / hypo)
- hyperparathyroidism
- diabetes 1 or 2
- obesity
- cirrhosis / alcoholism
- recent steroid use
- hiatal hernia
- acid reflux (GERD)
- indigestion
- bowel obstruction
- hemorrhoids
- diverticulosis / diverticulitis
- bloody stools
- dark stools
- clay-colored stools
- other: \_\_\_\_\_
- none of the above

**PULMONARY**

- asthma
- COPD / emphysema
- history of smoking
- shortness of breath
- sleep apnea / CPAP
- cough
- wheezing
- upper respiratory infection
- other: \_\_\_\_\_
- none of the above

**ANESTHESIA / AIRWAY**

- family history of anesthesia problems
- recent respiratory infection
- previous anesthesia complications
- other: \_\_\_\_\_
- none of the above

**BREAST**

- pain
  - lumps / bumps
  - skin changes / thickening
  - nipple retraction
  - nipple discharge (color: \_\_\_\_\_)
  - prior abnormal mammogram / ultrasound
  - cancer
  - other: \_\_\_\_\_
  - none of the above
- OB / GYN**
- fibroids
  - ovarian cyst
  - other: \_\_\_\_\_
  - none of the above

**NEUROMUSCULAR**

- TIA or stroke
- seizures / epilepsy
- dementia
- osteoarthritis
- rheumatoid arthritis
- neuromuscular disease
- syncope /fainting
- weakness
- numbness
- psychiatric disorder
- other: \_\_\_\_\_
- none of the above

**HEMATOLOGIC**

- anemia
- sickle cell disease
- bleeding disorder
- DVT / blood clots
- pulmonary embolism
- other: \_\_\_\_\_
- none of the above

**CARDIOVASCULAR**

- hypertension
  - angina / chest pain
  - heart attack
  - congestive heart failure
  - arrhythmia / palpitations
  - pacemaker / defibrillator
  - valvular disease
  - bypass surgery stent(s)
  - poor exercise tolerance
  - peripheral vascular disease
  - other: \_\_\_\_\_
  - none of the above
- ONCOLOGY / CANCER**
- cancer (type: \_\_\_\_\_)
    - chemotherapy?
    - radiation?
  - none of the above

**INFECTIONS**

- HIV / AIDS
- abscesses / boils
- fevers
- wound infections / MRSA
- other: \_\_\_\_\_
- none of the above

**GENERAL**

- fatigue
- fevers
- unintentional weight loss
- chills
- night sweats
- other: \_\_\_\_\_
- none of the above

**ADDITIONAL INFORMATION** (DETAILS REGARDING ANY BOXES CHECKED ABOVE OR ADDITIONAL SYMPTOMS NOT LISTED ABOVE)

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