

**GENERAL SURGERY - MEDICAL HISTORY**

PRIMARY CARE PROVIDER: \_\_\_\_\_

**Please List All Medications You Are Taking (including non-prescription)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES-(please fill in the boxes that apply)**

- None Codeine Fentanyl Penicillin Propofol/Diprivan IV Contrast Dye Eggs Aspirin Demerol Morphine Sulfa  
Versed Latex Methimazole Propylthiouracil  
Other: \_\_\_\_\_

**ARE YOU ON ANY OF THE FOLLOWING BLOOD THINNERS? (CHECK ALL THOSE THAT APPLY)**

- ASPIRIN PLAVIX EFFIENT AGGRENOX WARFARIN/COUMADIN PRADAXA XARELTO  
OTHER: \_\_\_\_\_

**FAMILY HISTORY(please list which member):**

	Mother	Father	Bro.	Sis.	Grandparents
Colon Cancer/Polyps:	_____	_____	_____	_____	_____
Breast Cancer:	_____	_____	_____	_____	_____
Heart Disease:	_____	_____	_____	_____	_____
Liver Disease:	_____	_____	_____	_____	_____
Kidney Disease:	_____	_____	_____	_____	_____
Crohn's:	_____	_____	_____	_____	_____
Ulcerative Colitis:	_____	_____	_____	_____	_____
Thyroid Disorder:	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**SOCIAL HISTORY:**

**MARITAL STATUS:**

- Single  Married  
 Widowed  Divorced  
 Separated  
 Same-Sex Partner

**ALCOHOL HISTORY:**

- Never  
 Occasional  
 Less than 7 drinks/day  
 More than 7 drinks/day  
 Quit alcohol

**CAFFEINE INTAKE:**

- Never  
 Occasional  
 Less than 7 drinks/day  
 More than 7 drinks/day

**EXERCISE:**

- Never  
 Less than 3 days/week  
 3-7 days/week

**RECREATIONAL DRUGS:**

- Never  
 In the past  
 Currently using  
 In treatment

**TOBACCO STATUS (Smoking):**

- Never  
 Quit tobacco  
 Less than 1 pack/day  
 1 pack/day  2-4 pack/day

Age started: \_\_\_\_\_  
Years used: \_\_\_\_\_  
Chewing:  
 Never  
 5+ pack/day

**PAST SURGICAL HISTORY (please put date by procedure):**

Abdomen Exploration _____	Gastric Bypass Surgery _____	Tonsillectomy _____
Appendectomy _____	Heart Surgery _____	Prostate Surgery _____
Cholecystectomy _____	Hernia Repair _____	Wisdom Teeth _____
Colon Surgery _____	Hysterectomy _____	Other: _____
Colonoscopy _____	Lung Surgery _____	_____
Endoscopy (EGD) _____	Thyroid Surgery _____	_____

**PAST MEDICAL ILLNESSES-(please circle those that apply)**

- |                              |                                     |                             |
|------------------------------|-------------------------------------|-----------------------------|
| AIDS/HIV                     | Diabetic Retinopathy                | Ischemic Neurologic Deficit |
| Abdominal Pain               | Diverticulitis/Diverticulosis       | Kidney Disease              |
| Abuse/Domestic Violence      | Emphysema                           | Kidney Stones               |
| Anemia                       | Encephalitis                        | Liver Disease               |
| Anesthesia Complications     | Endometriosis                       | Lung Disease                |
| Aneurysm                     | Esophageal Cancer                   | Lupus                       |
| Anxiety Disorder             | Fatty Liver                         | Obesity                     |
| Arthritis                    | Fibromyalgia                        | Obstructive Sleep Apnea     |
| Asthma                       | GERD/Reflux                         | Onychomycosis               |
| Atrial Fibrillation          | Gallbladder                         | Other: _____                |
| Bladder or Kidney Problems   | Glaucoma                            | _____                       |
| Bleeding Disorder            | Heart Attack                        | Other Sleep Disorders       |
| Blood Diseases               | Heart Disease/Heart Problems        | Ovarian Cancer              |
| Blood Transfusion            | Hepatitis                           | Pancreatitis                |
| Breast Cancer                | Hepatitis B                         | Peripheral Vascular Disease |
| Cancer                       | Hepatitis C                         | Polyps                      |
| Carpal Tunnel Disorder       | Herpes Labialis                     | Post Menopause              |
| Cervical Cancer              | Herpes Zoster                       | Prostate Disease            |
| Cirrhosis                    | High Blood Pressure                 | Seizure/Epilepsy            |
| Colon Cancer                 | High Cholesterol                    | Skin Cancer                 |
| Colon Polyps                 | Hypercalcemia                       | Sleep Apnea                 |
| CHF-Congestive Heart Failure | Hyperlipidemia                      | Stroke                      |
| Coronary Artery Disease      | Hypertensive Cardiovascular Disease | Sudden Weight Change        |
| Crohn's Disease              | Hyperthyroidism                     | Ulcerative Colitis          |
| DVT                          | Hypothyroidism                      | Ulcer                       |
| Depression                   | Incontinence                        |                             |
| Diabetes                     | Irritable Bowel Syndrome            |                             |

**RECENT SYMPTOMS-(please circle current problems)**

**CONSTITUTIONAL:**

- Excess Weight Loss
- Excess Weight Gain
- Loss of Appetite
- Fever
- Diminished Activity
- Fatigue

**EYES:**

- Eye Pain
- Blurry Vision
- Eye Redness
- Eye Itchiness
- Eye Swelling
- Eye Discharge

**ENMT:**

- Ear Pain
- Ear Discharge
- Hearing Loss
- Sinus Pressure
- Facial Swelling
- Congestion
- Sore Throat
- Hoarseness
- Mouth Lesions
- Foul Smelling Breath

**CARDIO-VASCULAR:**

- Chest Pain
- Rapid Heart Rate

**BREAST:**

- Lumps
- Tenderness
- Discharge

**RESPIRATORY:**

- Cough
- Bark-like cough
- Wheezing
- Chest Tightness
- Pain with Respiration
- Noisy Breathing
- Rapid Respirations
- Difficulty Breathing

**GASTRO:**

- Difficulty swallowing
- Abdominal Pain
- Nausea
- Vomiting
- Diarrhea
- Constipation
- Blood in Stool
- Mucus in stool

**GENITOURINARY:**

- Discharge
- Blood in Urine
- Pain with Urination
- Increased Frequency of Urination
- Voiding Urination
- Vaginal Discharge
- Abnormal Menses

**MUSCULOSKELETAL:**

- Soft Tissue Swelling
- Joint Swelling
- Myalgia
- Limited Motion
- Previous Injuries
- Trauma

**SKIN:**

- Pain
- Itchiness
- Dry Skin
- Flaking
- Redness
- Rash
- Diaper Rash
- Hives
- Skin Lesions
- Skin Growths
- Skin Lumps
- Bruising
- Insects Bites

**NEUROLOGIC:**

- Numbness
- Weakness
- Tingling
- Burning
- Shooting Pain
- Headache
- Dizziness
- Loss of Consciousness

**PSYCHIATRIC:**

- Depression
- Anxiety
- Insomnia
- Stress
- Loss of Interest

**ENDOCRINE:**

- Increased Thirst
- Increased Drinking
- Temperature Intolerance

**ALLERGY/IMMUNO**

- LOGIC:**
- Sneezing
  - Runny Nose