

DESERT WEST SURGERY PATIENT HISTORY FORM

Name: _____ DOB: _____

Primary Doctor: _____

Reason for Visit: _____

Past Medical History:

- Heart Attack (MI) Yes No
- Heart Failure (CHF) Yes No
- Atrial Fibrillation Yes No
- High Blood Pressure Yes No
- Diabetes Yes No
- High Cholesterol Yes No
- Stroke (TIA) Yes No
- Emphysema (COPD) Yes No
- Thyroid Problems Yes No
- Seizures Yes No
- Kidney Disease Yes No
- Liver Disease Yes No
- Cancer Yes No
- HIV Yes No
- Hepatitis Yes No
- Blood Clots (DVT) Yes No
- Varicose Veins Yes No
- Other _____

Social History:

- Alcohol Yes No
- Tobacco Yes No
- Live Alone Yes No

Medications:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Allergies: _____

Surgical History:

- Heart Surgery
- Carotid Artery Surgery
- Gallbladder
- Groin Hernia (Inguinal)
- Abdominal Hernia
- Hysterectomy
- Thyroid
- Colon Surgery
- Other _____

ROS: (check all that apply)

- Constitutional:** __ fever __ chills __ weight loss (unintentional) __ excessive fatigue
- Eyes:** __ double vision __ eye pain __ glaucoma
- ENT:** __ hearing problems __ ringing in ears __ dentures __ hoarseness
- Cardiac:** __ chest pain __ palpitations __ leg swelling __ shortness of breath w/walking
- Respiratory:** __ cough __ coughing blood __ wheezing __ asthma __ sleep apnea __ shortness of breath
- GI:** __ diarrhea __ black stools __ blood in stools __ constipation
- GU:** __ burning when urinating __ blood in urine __ frequent urination __ prostate problems __ history of frequent urinary tract infections
- Musculoskeletal:** __ calf pain __ weakness __ joint pain __ joint swelling __ leg swelling
- Neurologic:** __ fainting/blackouts __ seizures
- Hematologic:** __ hepatitis __ easy bruising __ clotting disorder __ excessive bleeding __ previous transfusion __ lymph node swelling
- Endocrine:** __ heat/cold intolerance __ excessive sweating
- Immunologic/ID:** __ tuberculosis __ immunosuppression __ HIV
- Psychiatric:** __ anxiety __ depression __ suicidal thoughts
- Breast/Skin:** __ breast mass __ breast skin changes __ breast tenderness __ nipple discharge __ fungal nail infection __ skin turning yellow (jaundice)
- Misc/Other:** __ previous colonoscopy (when/where: _____) __ previous EGD (when/where: _____) __ other _____