Digestive SURGERY CENTER

Name:________________________ **Age:**_____ **Sex:**______ **Birthdate:** _____/_____/_____
(month/day/year)

Street Address: ________________________ **City:** ______________ **State:** _____ **Zip:** ______________

Occupation:________________________ **Religious Preference:**____________ **Phone:** ______________

Referring Physician:____________________ **Ethnic Background:**________________________________

Past Surgical History

(Mark all that apply)

- ☐ **Appendectomy** ________**Year**
- ☐ **Back Surgery** _____**Lower** _____ **Neck** _______ **Year**
- ☐ **Breast biopsy** _____ **Lt** ____ **Rt** _______ **Year**
- ☐ **Breast, lumpectomy** _____ **Lt** _____ **Rt** ________ **Year**
- ☐ **Breast, mastectomy** ______ **Lt** ____**Rt** ________ **Year**
- ☐ **Cataract Surgery** ___**Lt** ____**Rt** __________ **Year**
- ☐ **Coronary artery heart bypass** ________**Year**
- ☐ **Gallbladder** ________**Year**
- ☐ **Gallbladder, laparoscopic** _________**Year**
- ☐ **Hernia,** ___**Lt** ____**Rt** ____ **Umbilical** __________ **Year**
- ☐ **Hysterectomy** ___ **laparoscopic** ___**Vaginal** ______**Year**
- ☐ **Hysterectomy, with removal** ____**Lt Ovary** ____**Rt Ovary**
- ☐ **Knee Surgery,** ____ **Lt** ____ **Rt** _______**Year**
- **Tonsillectomy** _________**Year**

Other Surgery

- ☐ ______________________________
- ☐ ______________________________
- ☐ ______________________________
- ☐ ______________________________
- ☐ ______________________________
- ☐ ______________________________
- ☐ ______________________________

Past Medical History

(Mark all that apply)

- ☐ **Bladder Problems**
  - ☐ Stress Incontinence ☐ Difficulty urinating
  - ☐ Night time urination ____ times per night
  - ☐ Frequent Infections ☐ Bladder Cancer
- ☐ **Diabetes**
  - ☐ Borderline ☐ Diet Controlled ☐ On Pills
  - ☐ Insulin in Morning ☐ Insulin at night
- ☐ **High Blood Pressure**
  - ☐ No Medication ☐ On Medication
- ☐ **Kidney Problems**
  - ☐ Kidney Cancer ☐ On dialysis
- ☐ **Liver Problems**
  - ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C
- ☐ **Heart Problems**
  - ☐ Chest Pain ☐ This week ☐ Last month ☐ In last 6 months
  - ☐ Irregular heartbeat ☐ Atrial Fibrillation ☐ palpitations
  - ☐ Heart Attack in ______ Year
  - ☐ Heart Damage ☐ Heart Surgery ☐ Angioplasty
- ☐ **Shortness of Breath**
  - ☐ Asthma ☐ Emphysema ☐ COPD ☐ Lung Cancer
- ☐ **Stroke**
  - ☐ Mild ☐ Severe ☐ No residual problems
- ☐ **Blood Clots**
  - ☐ In legs ☐ In arms ☐ Required blood thinners.
- ☐ **Stomach Ulcer**
  - ☐ In the past ☐ Controlled ☐ Not controlled
- ☐ **Other**______________________________

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Review of Systems

(Mark all that apply)

Constitutional Symptoms:

☐ severe headaches	☐ weakness	☐ night sweats	☐ sensitive to cold
☐ dizzy spells	☐ marked weight loss	☐ persistent fever	
☐ fatigue	☐ marked weight gain	☐ sensitive to heat	

Eyes:

☐ trouble seeing	☐ inflamed eyes	☐ wear contacts	☐ blindness
☐ eye pain	☐ double vision	☐ wear glasses	
☐ floaters	☐ cataracts	☐ vision loss	

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SURGERY CENTER

Ears, Nose, Mouth and Throat:

- ☐ loss of hearing
- ☐ ringing in ears
- ☐ discharge from ear
- ☐ dizziness
- ☐ frequent ear infection
- ☐ ear tube placement
- ☐ loss of smell
- ☐ frequent colds
- ☐ difficult nasal breathing
- ☐ excessive nasal drip
- ☐ nose bleeds
- ☐ snoring
- ☐ sore mouth
- ☐ sore gums
- ☐ sore tongue
- ☐ bleeding gums
- ☐ dental problems
- ☐ dentures
- ☐ tooth ache
- ☐ postnasal drainage
- ☐ sore throat
- ☐ hoarseness
- ☐ pain with swallowing
- ☐ goiter
- ☐ neck stiffness
- ☐ neck swelling

Breasts:

- ☐ lumps
- ☐ discharge
- ☐ armpit swelling
- ☐ fibrocystic disease
- ☐ breast cancer, personal
- ☐ breast cancer in Family

Heart:

- ☐ angina
- ☐ atrial fibrillation
- ☐ slow heart rate
- ☐ rapid heart rate
- ☐ chest pain
- ☐ palpitations
- ☐ leg pain when walking
- ☐ rheumatic fever
- ☐ congestive heart failure
- ☐ ankle swelling
- ☐ shortness of breath
- ☐ pacemaker
- ☐ prior heart arteriogram
- ☐ heart attack
- ☐ prior heart surgery
- ☐ Blood clots

Lungs:

- ☐ persistent cough
- ☐ productive cough
- ☐ cough up blood
- ☐ wheezing
- ☐ shortness of breath
- ☐ history of asthma
- ☐ history of bronchitis
- ☐ history of COPD
- ☐ history of emphysema
- ☐ lung cancer, personal
- ☐ lung cancer in family
- ☐ pneumonia
- ☐ pulmonary embolus
- ☐ tuberculosis

Musculoskeletal:

- ☐ muscle cramps
- ☐ muscle weakness
- ☐ generalized aches
- ☐ ankle pain
- ☐ arthritis
- ☐ back pain
- ☐ cervical disc disease
- ☐ elbow pain
- ☐ lumbar disc disease
- ☐ joint stiffness
- ☐ joint swelling
- ☐ knee pain
- ☐ neck pain
- ☐ shoulder pain
- ☐ wrist pain
- ☐ cramps with walking
- ☐ leg cramps at night

Gastrointestinal:

- ☐ constipation
- ☐ diarrhea
- ☐ painful swallowing
- ☐ gallstones
- ☐ heartburn
- ☐ hiatal hernia
- ☐ loss of appetite
- ☐ nausea
- ☐ vomiting
- ☐ vomiting blood
- ☐ tar black stools
- ☐ bloody bowel movements
- ☐ jaundice
- ☐ colon cancer, personal
- ☐ colon cancer in family
- ☐ duodenal ulcer
- ☐ stomach cancer
- ☐ stomach ulcer
- ☐ loss of appetite
- ☐ hemorrhoids
- ☐ weight loss

Genitourinary:

- ☐ stress incontinence
- ☐ difficult urination
- ☐ frequent urination
- ☐ frequent bladder infection
- ☐ frequent night urination
- ☐ painful urination
- ☐ painful intercourse
- ☐ loss of sex drive
- ☐ kidney disease
- ☐ dialysis
- ☐ urinary incontinence

Gynecologic:

- ☐ use birth control pills
- ☐ taking hormones
- ☐ irregular periods
- ☐ heavy periods
- ☐ painful intercourse
- ☐ cervical cancer, personal
- ☐ cervical cancer in family
- ☐ ovarian cysts
- ☐ ovarian cancer, personal
- ☐ ovarian cancer in family
- ☐ uterine cancer, personal
- ☐ uterine cancer in family
- ☐ pelvic infections
- ☐ uterine fibroids

Skin:

- ☐ acne
- ☐ hair loss
- ☐ change in hair
- ☐ change in nails
- ☐ new or change in mole
- ☐ skin ulcers
- ☐ rash
- ☐ melanoma, personal
- ☐ melanoma in family
- ☐ psoriasis
- ☐ basal cell carcinoma
- ☐ squamous carcinoma

Endocrine:

- ☐ diabetes
- ☐ thyroid problems
- ☐ goiter
- ☐ taking thyroid

Neurologic:

- ☐ dementia
- ☐ disc problems
- ☐ dizziness
- ☐ migraines
- ☐ multiple sclerosis
- ☐ passing out
- ☐ depression
- ☐ seizures
- ☐ anxiety
- ☐ sleeplessness
- ☐ poor balance
- ☐ weakness
- ☐ memory loss
- ☐ paralysis
- ☐ Parkinsonism
- ☐ prior stroke
- ☐ TIA
- ☐ numbness