



Chattahoochee Surgical Group

PATIENT MEDICAL HISTORY

Name:

DOB:

Have you been out of the country within the last six months? Yes/No
If yes, where and when _____

Have you ever had or been treated

for:

- HIV/AIDS
- Transfusion Reaction
- Sickle Cell Disease
- Cancer
- Diabetes
- Thyroid Disease
- High Blood Pressure
- Heart Disease
- Kidney Disease
- Liver Disease
- Lung Disease
- Glaucoma

Cardiovascular:

- Heart Attack
- Chest pain/Angina
- Irregular Pulse
- Congestive Heart Failure
- Pacemaker
- Murmur
- Rheumatic Fever
- Mitral Valve Prolapse
- Anemia
- Circulation Problems
- Blood Clots/Phlebitis
- Free Bleeder/Hemophilia
- Bruise Easily

Musculoskeletal:

- Back/Neck Pain
- Cane/Walker/Crutches
- Leg Cramping
- Artificial Arm/Leg
- Muscle Weakness
- Arthritis

Skin:

- Current Bruises/Rash
- Current Burns
- Current Wounds/Sores/Ulcers
- Problems with Tape

Respiratory:

- Bronchitis
- Chronic Cough
- Asthma/Wheezing
- Tuberculosis (TB)
- Sinus Problems
- Emphysema/COPD
- Pneumonia
- Shortness of Breath
- Sleep Apnea
- Collapsed Lung
- Home Oxygen Therapy
- Tracheostomy

Neurological:

- Seizures
- Paralysis
- Head Injury
- Stroke
- Spinal Cord Injury
- Numbness/Tingling
- Migraine Headaches
- Fainting

Gastrointestinal:

- Hiatal Hernia/Reflux/Heartburn
- Peptic Ulcer
- Bowel Disease
- Abdominal Pain
- Hepatitis
- Low Blood Sugar
- Gallbladder Problems
- Liver Disease
- Diet/Food Intolerance
- Hemorrhoids
- Constipation
- Swallowing Problems
- Recent Vomiting/Diarrhea
- Loss of Appetite
- Recent Weight Gain/Loss
- Ostomy

Genitourinary:

- Kidney Stones
- Difficulty with Control
- Blood in Urine
- Frequent Urine Infections
- Difficulty with Urination
- Dialysis
- Prostate Disease
- Sexual Problems

Other:

Name:

DOB:

Smoking Status:

- Current Smoker
 - Heavy/Light
 - Packs per Day _____
 - Number of Years _____
- Former Smoker
 - Quit Date _____
- Never Smoked

Alcohol Use Status:

- Does Not Drink
- Former Drinker
 - Quit Date _____
- Current Drinks
 - Alcohol Type _____
 - Drinks/Week _____

Illicit/Illegal Drug Use:

- Does Not Currently Take Drugs
- Former Drug User
 - Quit Date _____
- Currently Takes Drugs
 - Drug Type _____

Review of Systems:

General:

- Fevers/Chills
- Weight Loss

Eyes/Ears/Nose/Mouth

- Vision Loss
- Hoarseness/Voice Change
- Difficulty Swallowing
- Hearing Loss
- Ringing in the Ears
- Nosebleeds

Cardiovascular:

- Chest Pain
- Fainting Spells
- Heart Failure
- Irregular Heartbeat
- Shortness of Breath
- Swollen Ankles

Endocrine:

- Diabetes
- Thyroid Disease/Goiter

Respiratory:

- Wheezing
- Asthma
- Chronic Bronchitis
- Emphysema
- Chronic Cough

Gastrointestinal:

- Abdominal Pain
- Black Tarry Stools
- Indigestion
- Nausea/Vomiting
- Diarrhea
- Constipation
- Bloody Stools

Musculoskeletal:

- Arthritis
- Joint Pain

Integumentary

- Rashes
- Pruritis
- Hives

Neurological

- Muscle Weakness
- Numbness/Tingling

Psychiatric:

- Depression
- Nervous Breakdown

Genitourinary:

- Kidney Infection
- Frequent Overnight Urination
- Blood in Urine

Hematology/Lymphatic:

- Blood Transfusion Reaction
- Easy Bruising
- Bleeds Easily /Hemophilia
- Anemia

Family History: Relation

- Anemia _____
- Anesthesia Problems _____
- Bleeding Problems _____
- Cancer _____
- Diabetes _____
- Heart Disease _____
- High Blood Pressure _____
- High Cholesterol _____
- Kidney Disease _____
- Stroke _____
- Liver Disease _____
- Autoimmune Disease _____
- Blood Clotting Disorder _____
- Lung Disease _____
- Other _____
- _____

