

Birmingham Surgical, P.C.

DATE _____

PATIENT'S NAME _____ AGE _____ SEX _____
LAST FIRST M.I.

Informant _____ Referring Physician _____

****IT IS IMPORTANT THAT YOU ANSWER QUESTIONS ON BOTH SIDES OF FORM****

I. PREVIOUS SURGERY:

SURGICAL PROCEDURE	DATE	HOSPITAL	SURGEON

II. ALLERGIES: CIRCLE appropriate drugs:

Drug: Penicillin Sulpha Codeine Erythromycin

Other: _____

If allergic to any medications, briefly describe reaction experienced.

III. MEDICATIONS TAKEN AT HOME: (Including Over The Counter Medications, Herbs, & Vitamins)

Name of Drug	Frequency Taken	Dose (number of tablets & strength)

IV. FAMILY HISTORY: (Briefly answer the following. If you answer YES, please include relationship to the patient.)

1. Has any blood relative ever had cancer? If yes, what type?

2. Do any blood relatives have diabetes? _____

3. Do any blood relatives have bleeding disorders? _____

V. SOCIAL HISTORY:

1. Do you use tobacco? _____ If yes, please give type & frequency.

2. Do you drink alcohol? _____ If yes, how often & how much?

****PLEASE ANSWER QUESTIONS ON BACK OF FORM ALSO****

OFFICE USE ONLY: PHYSICIAN SIG. _____ DATE: _____

VI. REVIEW OF SYSTEMS: CIRCLE the following as they apply:

NEUROLOGICAL (BRAIN):

Is there any history of DIZZINESS, NUMBNESS, TINGLING, LIMITED USE OF ARMS OR LEGS, STROKE OR SEIZURES?

HEAD AND NECK:

EYES: Sudden loss of vision in one or both eyes?

EARS: Frequent infections, loss of hearing?

NOSE/SINUS: Frequent colds, hay fever, sinus trouble, nose bleeds?

MOUTH: Persistent cough, frequent cold sores, gum diseases?

NECK: Difficulty swallowing, goiter?

HEART/LUNGS/CIRCULATION:

Chest pain, shortness of breath, high blood pressure, wheezing, cough, swelling, varicosities, blood clots in legs, blood clots in lungs, emphysema, TB, asthma, heart attack?

GASTROINTESTINAL/NUTRITIONAL:

Bleeding, nausea, vomiting, diarrhea, constipation, hemorrhoids, stomach pain, laxative use, special diet, ulcers, pancreatitis, polyps, cirrhosis of the liver, hepatitis, gallstones, infected gallbladder?

Bowel Habits:

Frequency _____

Character _____

GENITOURINARY:

Difficulty urinating, kidney disease, venereal disease, burning, bleeding, inability to control bladder?

MUSCULOSKELETAL/INTEGUMENT:

Swelling joints, stiffness, limited movement, recent injury, arthritis, fractures?

SKIN: Breakdown, ulcers, rash?

BLOOD:

Anemia, sickle cell anemia or trait, hemophilia, blood transfusion (when & how many?)

ENDOCRINE:

Sugar diabetes, thyroid trouble, hormone imbalance?

PSYCHOSOCIAL:

Suicide attempts, drug or alcohol addiction, intravenous drug use?

Patient's Signature

PLEASE BE ADVISED THAT ALL INFORMATION WILL BE KEPT IN STRICTEST CONFIDENCE ! !

BIRMINGHAM SURGICAL, P.C.