

Please Print and provide complete information.

Name: _____ Date: _____

CURRENT MEDICATIONS *If you have a list with you, please give it to the receptionist when you check in.*

Medication Name	Dosage (mg)	How Often

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Do you take prescription **blood thinners**? Yes No

If "YES" please indicate which one: Coumadin Warfarin Plavix Eliquis Aggrenox
 Xarelto Pradaxa Other: _____

Do you take **Aspirin**? (Excedrin, Anacin, Bayer, etc.)? Yes No Dosage: _____

SURGICAL HISTORY

Surgery	Date	Surgeon

Surgery	Date	Surgeon

Have you ever had a complication with anesthesia? Yes No (If yes, please explain below.)

SOCIAL HISTORY

Smoking: Yes No # of years: _____ Packs per day _____ Date Quit _____

Alcohol: Yes No How much? _____

Lives With: Spouse Alone Assisted Living Nursing Home Children
 Other _____

FAMILY HISTORY

Retinal Detachment Macular Degeneration Diabetic Retinopathy

Glaucoma Cataract Who? _____

ALLERGIES (especially to medications) No Known Allergies

Drug / Substance	Reaction

Drug / Substance	Reaction

MEDICAL HISTORY (Past and Current medical conditions)

Arthritis Blood Clots Cancer Depression Diabetes Heart Disease High Blood Pressure

High Cholesterol Stroke Thyroid Disease Other: _____

REVIEW OF SYSTEMS

Constitutional

- Chills
- Fatigue
- Fever
- Headaches
- Loss of Appetite
- Night sweats
- Weight gain
- Weight loss
- Unexplained weight loss

Head/Ear/Nose/Throat

- Ear ache
- Hearing loss
- Jaw claudication
- Mouth sores
- Nosebleeds
- Runny nose
- Sinus problems
- Sore throat
- Stuffy nose

Cardiovascular

- Hypertension
- Arrhythmia
- Chest pain
- Heart attack
- Heart murmur
- Heart trouble
- Irregular heart beat
- Racing pulse
- Shortness of breath
- Swelling of the feet

Respiratory

- Congestion
- Cough
- Coughing up blood
- Difficulty breathing
- Dyspnea on exertion
- Severe or frequent colds
- Shortness of breath
- Sleep apnea
- Wheezing
- Wheezing or asthma attacks

Gastrointestinal

- Abdominal pain
- Bloody stools
- Change in bowel movements
- Constipation
- Diarrhea
- Heartburn
- Jaundice or yellow skin

Gastrointestinal (cont.)

- Nausea
- Stomach ulcers
- Trouble swallowing
- Vomiting

Genitourinary

- Bladder trouble
- Blood in urine
- Dialysis
- Frequent urination
- Genital sores or ulcers
- Kidney problems
- Kidney stones
- Pain or burning on urination
- Prostatitis
- Testicular pain
- Urinary discharge

Psychiatric

- ADHD
- Anxiety
- Autism
- Bipolar disorder
- Confusion
- Dementia
- Depression
- Loss of memory
- PTSD
- Schizophrenia

Integumentary

- Bruises
- Loss of hair
- Rash
- Skin lesions
- Skin sores
- Skin cancer
- Severe itching
- Tick or insect bite

Neurological

- Dizziness
- Fainting
- Headaches
- Numbness
- Numbness & tingling
- Paralysis in parts of body
- Paralysis of extremities
- Scalp tenderness
- Seizures or convulsions
- Stroke
- TIA

Neurological (cont.)

- Tremor
- Weakness

Musculoskeletal

- Arthritis
- Back pain while sleeping or awakening
- Joint pain
- Muscle aches
- Painful or swollen joints
- Stiffness
- Swelling

Endocrine

- Cold intolerance
- Diabetes
- Hair loss
- Heat intolerance
- Insomnia
- Loss of menstrual period
- Thyroid disease

Hematology / Oncology

- Blood clots
- Anemia
- Cancer
- Frequent or easy bleeding
- Frequent or easy bruising
- Phlebitis
- Received blood transfusion
- Swollen lymph nodes

Allergy / Immunologic

- Arthritis
- Autoimmune disease
- HIV
- Immune deficiency
- Lupus
- Seasonal allergies
- Sjogren's syndrome
- Unspecified