

Surgical Associates of Austin

Smith • Cherico • Markus • Mayer • Fleming • Ashworth • Ching • Sankar • Esquivel

Patient Name: _____

Date: _____

Primary Physician: _____ Referring Physician: _____

Age: _____

1. Chief complaint (Main reason for visit): _____

2. History of present illness (Please write neat narrative):

3. Medications: (please check-we do not need doses):

None baby Aspirin Coumadin Plavix Nexium Prilosec Synthroid

Other: _____

I do not know my medications, but will check on them

PREFERRED PHARMACY: _____

4. Past Medical history: (please check all that apply):

HEART:

None

prior heart attack heart stents congestive heart failure heart rhythm problem atrial fibrillation

high blood pressure high cholesterol heart murmur mitral valve prolapse

I have a history of deep clots in my leg veins, and had to take blood thinner

Other: _____ My cardiologist is: _____

LUNG:

None sleep apnea

emphysema chronic bronchitis pulmonary embolus asthma cancer of the lung: _____

Other: _____ My lung specialist is: _____

GI:

None history of hepatitis C history of cirrhosis

gastroesophageal reflux Barrett's esophagus irritable bowel syndrome Crohn's/IBD

Other: _____ my gastroenterologist is _____

NEUROLOGIC:

None

migraines stroke TIA seizures Other: _____

I see a neurologist (include date of last visit): _____

BONE/JOINT:

None have you had a bone density study? yes no Results: normal osteopenia osteoporosis don't know

arthritis Other: _____

GENERAL:

None

diabetes mellitus hypothyroidism skin cancers?: basal cell squamous cell melanoma

History of cancer: _____ HIV positive

GENITOURINARY: (females)

I am currently pregnant or may be pregnant

OTHER MEDICAL CONDITIONS: (PLEASE PRINT NEATLY): _____

M.D. Initials _____

5. Allergies: (please check any that apply):

None Penicillin Sulfa Codeine Hydrocodone Latex Other: _____
 History of anaphylactic (major) reaction

6. Past Surgical History (do not need dates--check):

ABDOMINAL:

None gallbladder operation (small incisions) gallbladder operation (big incision)
 Appendectomy Hernia repair: groin, umbilical other: _____
 Colon operation for benign condition for cancer bowel obstruction Other: _____

HEART/BLOOD VESSELS:

None coronary artery bypass vascular bypass procedure heart catheterization
Other: _____

BONE/JOINT:

None arthroscopy total joint replacement spine surgery have hardware in

BREAST:

None breast biopsy right, left, both mastectomy: right, left, both
 lumpectomy right, left, both lymph nodes removed: right, left, both
 augmentation mammoplasty reduction mammoplasty Other: _____

GYN (FEMALES):

None total abdominal hysterectomy (**both ovaries removed**) partial hysterectomy (one or both ovaries still in)
 tubal ligation C-section(s) Other: _____

ENDOCRINE:

None partial thyroidectomy total thyroidectomy parathyroid surgery

OTHER: (PLEASE PRINT NEATLY ANY OTHER operations): _____

7. Family history: (check):

diabetes hypertension heart disease ovarian cancer breast cancer other cancer _____
 other: _____

8. Social history:

English speaking Prefer Spanish
 married single separated divorced widowed partner

WORK:

current occupation: _____ I am retired I stay at home I am disabled I have been laid off
 Other: _____

TOBACCO:

I have never smoked I currently smoke 1/2 pack/day, 1 pack/day, over 1 pack/day for _____ years
 I smoked in the past but quit

ALCOHOL:

None Occasionally Regularly
 Other: _____

WELLNESS PRACTICES:

None Occasionally Regularly walk run swim weights dance yoga I watch what I eat Other: _____

DRUG USE: None Occasionally Regularly have "shot up" in the past

9. Review of systems:

- GENERAL:** none weight loss weight gain loss of appetite fever chills fatigue
details: _____
- SKIN:** none changes in moles new lumps that you can feel **details:** _____

M.D. Initials _____

- **NEUROLOGY:** none recent migraine headaches? recent seizures recent symptoms of weakness or numbness
details: _____
- **HEMATOLOGY:** none recent easy bleeding recent easy bruising
- **LUNGS:** none significant shortness of breath (if so describe) _____ cough coughing up blood difficulty climbing a flight of stairs (short of breath)
- **HEART:** none any recent chest pain? any recent significant swelling of the ankles? any recent dizziness when you get up? any recent difficulty sleeping flat in bed? have you recently felt short of breath at night?
details: _____
- **GASTROENTEROLOGY:** none recent nausea vomiting jaundice changes in bowel habits constipation? diarrhea blood in stool I have had a normal colonoscopy within the last 10 years I have had a colonoscopy that showed polyps within the last 10 years, and I am getting follow-up **I have never had a colonoscopy**
details: _____
- **GENITOURINARY:** none recent urinary tract infection **details:** _____
- **MUSCULOSKELETAL:** none recent joint issues **details:** _____
- **ENDOCRINE:** none heat intolerance cold intolerance other: _____

10. Expectations: I would like to schedule surgery I am not interested in surgery but would like to discuss options I just want to find out what I have Questions: _____

M.D. Initials _____