

Medical Allergies (rash, swelling, or shortness of breath): **NONE** penicillin sulfa latex metals tape
 iodine (IV contrast) shellfish poultry products other _____

Medication Side Effects (heartburn, nausea, vomiting): **NONE** anti-inflammatories codeine Percocet
 Vicodin / Lortab other _____

Surgical History: **NONE.** Circle all that apply:

- Eyes/ENT cataracts, vision correction, sleep apnea, tonsils, sinus surgery, thyroid, other _____
- Heart bypass, valve replacement, stent, other _____
- Lung resection, other _____
- G I appendix, gall bladder, hernia, other _____
- Gynecologic c-section, hysterectomy, tubal ligation, other _____
- Urologic prostate, bladder, vasectomy, other _____
- Orthopaedic joint replacement, arthroscopy, fracture surgery, spine, other _____
- Vascular carotid, aneurysm, bypass, other _____
- Neurosurgical aneurysm, tumor, craniotomy, other _____
- Cancer skin, breast, other _____
- Other _____

Anesthesia Complications: **NONE.** If yes, explain: _____

Other Current Symptoms: **NONE.** Circle all that apply:

- Constitutional unexpected weight loss, weight gain, fever, chills, night sweats, fatigue _____
- Eyes blurred / double vision, eye pain, redness, watering _____
- ENT headache, difficulty swallowing, nose bleeds, ringing in ears, earaches _____
- Cardiovascular chest pain, palpitations, fainting, murmurs _____
- Respiratory shortness of breath, wheezing, coughing, painful breathing, snoring _____
- Gastrointestinal heartburn, nausea, constipation, incontinence, diarrhea, bloody / black stools _____
- Genitourinary urinary frequency, urgency, difficulty, pain, bleeding, incontinence _____
- Musculoskeletal other joint pains, swelling, instability, stiffness, redness, heat, muscle pain _____
- Skin skin changes, poor healing, rash, itching, redness _____
- Neurological numbness / tingling, unsteady gait, dizziness, tremors, seizures _____
- Psychological nervousness, anxiety, depression, hallucinations _____
- Hematologic easy bleeding, bruising, _____
- Endocrine excessive thirst or urination, heat / cold intolerance _____
- Allergic reaction to foods or environment _____
- Other _____

Family History (mother / father / siblings): **NONE OF THE BELOW**

- anesthesia complications _____ bleeding disorder _____
- cancer _____ diabetes _____
- gout _____ heart disease _____
- malignant hyperthermia _____ arthritis _____
- other _____

Social History:

Marital Status: single married divorced widowed separated
Alcohol Use: none rare daily
Tobacco Use: none previous When quit? _____ current packs / day _____
Recreational Drug Use: none previous current drug _____ last used _____

Additional information that you would like for us to know: _____

patient or responsible party signature _____ date _____

physician review _____ date _____ updated _____