



# 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



# Chattahoochee Surgical Group

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**Genitourinary:**

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

Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_

**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 \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

