Surgical Suite

1414 West Fair Avenue • Suite 230N
MARQUETTE, MICHIGAN 49855
Telephone 906/225-3853
WATS 1-800/562-7829

NAME: Last______________________ First______________________ MI________

BIRTHDATE:______________ SEX: M F AGE:__________ HEIGHT:__________ WEIGHT:__________

PATIENT DAYTIME PHONE: (____)__________ EVENING PHONE: (____)__________ FAMILY PHYSICIAN: __________

To your knowledge, do you have or have you ever had any of the following? Please check yes or no.

HEART/CIRCULATION	YES	NO	COMMENTS
Angina (Chest Pain)			
Heart Failure (fluid in lungs)			
History of Heart Attack			
Heart Valve Disorder/Replacement			
Hypertension (high blood preasure)			
Any other circulation problems?			

RESPIRATORY	YES	NO	COMMENTS
Emphysema/COPD			
Pneumonia (within last 2 months)			
Asthma			
Any other respiratory problems?			

STOMACH/INTESTINAL	YES	NO	COMMENTS
Heartburn/Reflux			
Ulcers or History of Ulcers			
Colitis or Diverticulitus			
Any other stomach or intestinal problems?			

LIVER	YES	NO	COMMENTS
Hepatitis			
Recent Jaundice			
Cirrhosis			
Any other liver problems?			

KIDNEY/BLADDER	YES	NO	COMMENTS
Bladder Problems			
Kidney Disorder			
Kidney Transplant or Removal			
Dialysis Patient			
Any other kidney or bladder problems?			

NEUROLOGIC	YES	NO	COMMENTS
Seizure/Epilepsy			
Stroke			
Multiple Sclerosis or Muscle Problems			
Head Injury			
Migraines/Headaches			
Any other neurological problems?			

ALLERGIES To What	Reactions	To What	Reactions

GENERAL	YES	NO	COMMENTS
Arthritis			
Exposure to or ever have TB/HIV/AIDS			
Smoking History			How much? How Long? When quit?
Could You Be Pregnant?			Last Menstrual Period:
Cancer			
Psychiatric Disorder/Emotional Problems			
Drug/Alcohol Problems or Treatment			
Religious Restrictions to Medical Care			
Bleeding Disorder			
Recent Infections			
Diabetes			Type: How Many Years?
Chronic Pain Problems			
Influenza Vaccination last year			
Pneumovax Vaccination in last 8 years			

ANY OTHER CONDITION NOT ADDRESSED ABOVE?

MEDICATIONS Name	Dosage	Name	Dosage

SURGICAL HISTORY (PLEASE LIST)		
Problems with pain control after surgery	Yes	No
Problems with anesthesia	Yes	No
Unexplained fever after surgery	Yes	No

FAMILY HISTORY	YES	NO	COMMENTS
Neurological - Stroke/ Seizure			
Heart Problems			
High Blood Pressure			
Cancer			
Diabetes			
Anesthetic Problems			

Patient Signature	Date	Physician Signature	Date