

Southeastern Surgical Associates, PC
 100 Camp Street
 Hyannis, MA 02601
 508-775-1984

MEDICAL HISTORY

PATIENT TO FILL OUT

Name _____ Primary Care Provider _____

Chief Complaint _____ Age (must answer) _____ Date of Birth _____ Date of Exam _____

MEDICAL HISTORY

	yes	no		yes	no		yes	no
Heart Failure			Arthritis			Reflux		
Atrial Fibrillation			Hepatitis			Peptic Ulcer Disease		
Myocardial Infarction			Cancer			Stroke		
Angina			Thyroid			Hyperlipidemia		
Peripheral Vascular Disease			Seizures			Kidney Disease		
Diabetes			Bleeding Disorder			Anemia		
Hypertension			COPD/Emphysema			Rheumatic Fever		
Asthma			Liver Disease/Hepatitis			HIV Infection		

Explain: _____

Please List All Previous Surgeries

Do you drink alcohol? _____ yes / no
 How much? _____
 Do you smoke? _____ yes / no
 How much? _____

Have you or a family member had any problems with anesthesia? _____ yes / no

If yes explain. _____

MEDICATION LIST: please list all current medications. Include over the counter meds and doses.

ALLERGIES: Include medicines and substances to which you are allergic.

Latex Allergy yes / no

FAMILY HISTORY: List any significant family medical history such as, but not limited to, diabetes, heart disease, cancer

FATHER
MOTHER
SIBLINGS

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PATIENT TO FILL OUT

	Yes	No	Comments
GENERAL			
Fever			
Weight Loss			
Fatigue			
HEAD & NECK			
Head Injury			
Headache			
Nose Bleeds			
Hoarseness			
Sinus Problems			
Thyroid Gland Enlargement			
EYES			
Icterus			
Pink Conjunctivae			
BREAST			
Lumps			
Discharge			
Pain			
OB/GYN			
Age of Menarche			
Age at 1st Pregnancy		# of Children	
Birth Control Pill use			
Breast Feeding			
Age of Menopause			
Hormone Replacement Therapy			
RESPIRATORY			
Cough			
Bloody Sputum			
Wheezing			
COPD/Empyema			
Asbestos Exposure			
Tuberculosis			
HEMATOLOGIC			
Anemia			
Easy Bruising			
Easy Bleeding			
Past Transfusions			

	Yes	No	Comments
CARDIAC			
Edema			
Heart Murmur			
Chest Pain			
High Blood Pressure			
Heart Attack			
Shortness of Breath			
Rheumatic Fever			
Arrhythmia			
GASTROINTESTINAL			
Reflux			
Nausea/Vomiting			
Constipation			
Diarrhea			
Rectal Bleeding			
Abdominal Pain			
Jaundice			
Hepatitis			
URINARY			
Kidney Stones			
Frequency			
Bloody Urine			
MUSCULOSKELETAL			
Joint Pain			
Gout			
Arthritis			
VASCULAR			
Leg Pain			
Varicose Vein			
NEUROLOGICAL			
Seizures			
Stroke			
ENDOCRINE			
Thyroid Trouble			
Diabetes			
Steroid Use			

Reviewed by Physician

Permission is granted to release pertinent medical information for pending surgical procedure

Sign Here ▶

Signature

Date