



**Page 2 of Medical History**

PATIENT TO FILL OUT

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

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

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Reviewed by Physician

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

**Sign Here ▶**

Signature

Date