

PATIENT HISTORY FORM  
Surgical Clinic Associates, P.A.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Reason For Visit: \_\_\_\_\_

REFERRING DOCTOR: \_\_\_\_\_

**PAST MEDICAL HISTORY**

- Abnormal Weight Gain
- Abnormal Weight Loss
- Alcoholism
- Alzheimer's Disease
- Angina
- Anxiety Disorder
- Arthritis
- Asthma
- Auto Immune Disease
- Bronchitis
- Cancer List Type: \_\_\_\_\_  
\_\_\_\_\_
- Congestive Heart Failure
- Crohn's Disease
- Diabetes Mellitus (Type I) (Type II) (Unkn)
- Diverticulitis of Colon
- Esophageal Reflux
- Free Bleeder
- Heart Palpitations
- Heart Attack (Previous Myocardial Infarction)
- Hepatitis (A, B, or C) - Circle One
- HIV/AIDS
- Hypertension
- Obesity
- Peptic Ulcer Disease
- Pneumonia
- Seizures
- Sickle Cell Anemia
- Sleep Apnea
- Stroke (Cardiovascular Accidents)
- Ulcerative Colitis
- Vascular Disease

**PAST SURGICAL HISTORY**

- Adenoids \_\_\_\_\_
- Appendix \_\_\_\_\_
- Back Surgery \_\_\_\_\_
- Breast Surgery \_\_\_\_\_
- Colon Surgery \_\_\_\_\_
- C-Section \_\_\_\_\_
- Gall Bladder \_\_\_\_\_
- Heart Surgery \_\_\_\_\_
- Hemorrhoids \_\_\_\_\_
- Hernia Operation \_\_\_\_\_
- Hysterectomy \_\_\_\_\_
- Lung Surgery \_\_\_\_\_
- Reflux Surgery \_\_\_\_\_
- Thyroid \_\_\_\_\_
- Tonsils \_\_\_\_\_
- Vascular Surgery \_\_\_\_\_
- Other: \_\_\_\_\_

**SURGERY DATES**

**FAMILY HISTORY**

- Breast Cancer \_\_\_\_\_
- Ovarian Cancer \_\_\_\_\_
- Colon Cancer \_\_\_\_\_
- Heart Attack \_\_\_\_\_
- Sickle Cell Anemia \_\_\_\_\_

**MEDICAL ALLERGIES**

- NONE
- Medication: \_\_\_\_\_ Reaction: \_\_\_\_\_
- Medication: \_\_\_\_\_ Reaction: \_\_\_\_\_
- Medication: \_\_\_\_\_ Reaction: \_\_\_\_\_

**HABITS**

- NONE
- SMOKING AMOUNT \_\_\_\_\_
- ALCOHOL AMOUNT \_\_\_\_\_
- OTHER: \_\_\_\_\_ AMOUNT \_\_\_\_\_

**REPRODUCTIVE HISTORY**

- NUMBER OF PREGNANCIES \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I, the above signed patient, have answered these questions to the best of my knowledge.