PUYALLUP SURGICAL CONSULTANTS
a division of Proliance Surgeons

PATIENT HISTORY FORM

GENERAL SURGERY

PROLIANCE SURGEONS®

Please answer all the questions to the best of your ability.
As major surgery may be considered, please be accurate & complete.

PERSONAL INFORMATION:

NAME: _____ AGE: _____ DOB:_____ TODAY'S DATE: _____
MARITAL STATUS (CIRCLE ANSWER): S M D W SO NUMBER OF CHILDREN: _____

CURRENT LIVING SITUATION (CIRCLE ONE): ***Home Nursing Home With Family Other***

EMPLOYMENT: _____ HIGHEST EDUCATION: _____
HOBBIES: _____ RELIGIOUS PREFERENCE: _____

MEDICAL CONDITIONS you are currently being treated for or of past significance:

_____ _____ _____
_____ _____ _____
_____ _____ _____

ALLERGIES: List the drugs you are allergic to & what happens (include tape, soap or latex):

_____ _____ _____
_____ _____ _____

SURGERIES: List all prior surgeries & approximate dates:

_____ _____ _____
_____ _____ _____

PERSONAL HABITS:

- **Do you currently use Tobacco? YES NO If YES, how many packs per day? _____**
- **What form of tobacco:** ***Cigarettes E-sig Pipe Chew Cigar***
- **Did you smoke in the past & quit? YES NO How many years? _____ Year you quit? _____**
- **Do you drink alcohol? YES NO Average drinks per week? _____**
- **Did you drink heavily in the past & quit? YES NO Year you quit? _____**
- **Do you use recreational drugs? YES NO Which ones? _____**
- **Do you take any opioids for chronic pain? YES NO Which ones? _____**
- **Are you on a pain contract? YES NO If YES, with whom? _____**

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FAMILY HISTORY: **Do you know of a medical problem in your *immediate family (parents, grandparents, children):***

Cancer (type): _____
Heart Disease: _____
Anesthesia Problems: _____
Bleeding Disorder: _____
Other: _____

REVIEW OF SYSTEMS: Circle those items below that are true for you *at this time:*

Constitutional: ***fever; chills; headache; weight gain/loss of more than 10 lbs. in last 6 months (circle one)***

Heart: ***chest pains; irregular heartbeat; abnormal EKG; heart attack; congestive heart failure***

Lungs: ***cough; shortness of breath; coughing up blood; asthma; blood clots in lungs; COPD; emphysema***

Digestive: ***loss/decrease in appetite; belly pain or belly cramps; vomiting blood; blood in stool; black stools; nausea; heartburn; change of bowel habits; reflux; jaundice***

Urinary: ***difficult or painful urination; blood in urine; difficulty starting stream of urine; kidney stones***

Eyes, Ears, Nose & Throat: ***glaucoma; hay fever; sinus problems; difficulty swallowing; deafness***

Circulatory: ***leg cramps when walking; feet swell; stroke***

Neurological: ***dizziness; stroke; seizures; tingling/numbness; migraines***

Immunologic/hematologic/lymphatic: ***blood transfusion; bleeding tendency; swollen glands; AIDS; cancer***

Endocrine: ***too hot or cold; excessive thirst; tired; goiter or thyroid problem; diabetes***

Skin: ***rash; persistent itching; boils; infections; diseases***

Psychological: ***drug or alcohol problems; nervousness; mood changes; psychiatric treatment; memory loss***

PHYSICIAN NOTES: _____

_____