

EASTSIDE SURGICAL ASSOCIATES

DATE: _____

Name: _____ Date of Birth: _____ Age: _____

Male / Female (circle one) Pregnant Yes / No (circle one)

Primary care Doctor _____ Referring Doctor _____

Other Doctors _____

Reason you are here: _____

SOCIAL HISTORY:

Marital Status: Single Married Partner Divorced Widow/Widower
Children _____ Occupation/Job _____

HABITS

Smoking: Never smoked Former smoker Current smoker / How Long? _____ Packs per day? _____
Do you dip or chew tobacco? Yes No If yes, how much per day? _____
Do you drink alcoholic beverages? Yes No Drinks per occasion? _____ Drinks per week? _____
Do you drink beverages that contain caffeine: (coffee, tea, soda) _____ cups per day
Do you use recreational drugs? If yes, what and how often? _____

CURRENT MEDICATIONS:

Include herbal and over-the-counter drugs. List and name dose. Using additional sheet if needed.

- 1. _____ 5. _____
- 2. _____ 6. _____
- 3. _____ 7. _____
- 4. _____ 8. _____

MEDICATION ALLERGIES: No medication allergies Are you allergic to latex? Yes No

Name & type of reaction: _____

PAST MEDICAL HISTORY:

Please check below if you have, or have had, any of the following medical conditions: No past medical problems

- Acid reflux
- Adverse reaction to anesthesia
- Alzheimer's or significant memory loss
- Anemia
- Angina or chest pain
- Arthritis
- Asthma
- Atrial fibrillation or erratic heartbeat
- Bleeding problems
- Blood transfusion
- Blood clot in leg(s) or lung(s)
- Bruise easily
- Cancer
Type: _____
- Congestive heart failure
- Dental disease
- Depression
- Diabetes
- Emphysema
- Epilepsy/Seizures
- Fibromyalgia
- Gallbladder disease
- Gout
- Heart disease
- Hemophilia / Excessive bleeding
- Hepatitis
- High blood pressure / Hypertension
- High cholesterol
- HIV or AIDS
- Infections: _____
- Kidney/Bladder disease
- Leg pain
- Lung disease
- Lupus
- Osteoporosis
- Peripheral vascular disease
- Pneumonia
- Psychiatric disorder
- Rheumatoid arthritis
- Sickle cell
- Sleep apnea / CPAP machine
- Stroke (CVA)
- Thyroid Disease
- Tuberculosis
- Other not listed, explain: