SURGICAL PARTNERS OF OKLAHOMA

Name:_____ Date:_____ Age:_____ Weight:_____ Height:_____

Accompanied by:_____ Relationship to patient:_____

PERSONAL HISTORY: PLEASE NOTE ALL CURRENT OR PAST MEDICAL CONDITIONS

Y N Heart trouble
Y N Irregular heartbeat
Y N High blood pressure
Y N Stroke
Y N Rheumatic Fever
Y N Lung disease
Y N Asthma
Y N Pneumonia
Y N Blood vessel disease (Phlebitis)
Y N Jaundice
Y N Pancreatits
Y N Ulcers
Y N Back trouble
Y N Muscle weakness
Y N Paralysis
Y N Epilepsy or seizures
Y N Arthritis
Y N Glaucoma
Y N Blood disease (anemia)
Y N Blood tranfusion
Y N Sickel Cell trait or disease
Y N Kidney disease
Y N Dialysis _____days
where_____
Y N Urinary problems
date treated _____
Y N Diabetes
Y N Cancer
Y N Other medical issue _____
_____
Y N Abnormal chest X-ray
Y N Abnormal EKG
Y N Abnormal bleeding tendencies
Y N Anticoagulant therapy
Y N NSAIDS
Y N Blood thinners or aspirin
Y N Positive HIV/AIDS blood test

Y N Reaction to tape, bandaids
gloves, balloons, latex
Y N Fracture of facial bones
Y N Fracture of neck or back
Y N Motion sickness
Y N Pacemaker
Y N Implanted defibrillator
Y N Joint replacement
Y N Heart Valve replacement
Y N Pregnant currently
Y N Bronchitis
Y N Emphysema
Y N Tuberculosis
Y N Hepatitis
Y N Cirrhosis
Y N Gallbladder problems
Y N Any abnormal reactions to
anethesia or sedation medication

Do You Have:

Y N False or loose teeth
Y N Dental bridges
Y N Glasses or contacts
Y N Body piercing
Y N Hearing aid

Do You:

Y N Smoke _____pack(s) per day
Y N Former smoker _____
Y N Drink alcohol
Y N Use recreational (street) drugs
List _____
_____
_____

List allergies (drug, food)

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

List medications & dosages

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

List prior surgeries & dates

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

List all Doctors you are currently seeing

Primary Care _____
Cardiologist _____
Pulmonologist _____
Pain Mgmt _____
Oncologist _____
Other _____

Patient Signature _____