

PAST SURGICAL HISTORY AND DATES:

DATE _____ DATE _____

DATE _____ DATE _____

CURRENT MEDICATIONS/VITAMINS AND DOSAGE:

DOSAGE _____

DOSAGE _____

DOSAGE _____

DOSAGE _____

DOSAGE _____

FAMILY HISTORY: CIRCLE CONDITIONS THAT RUN IN THE FAMILY:

BLEEDING/CLOTTING DISORDERS HEARING LOSS ANESTHESIA COMPLICATIONS

REVIEW OF SYSTEMS: Please circle all that apply:

- CONSTITUTIONAL: unexplained weight loss weight gain fever chills fatigue
- EYES: corrective lens blurry vision double vision eye pain redness watering
- ENT: headaches difficulty swallowing nose bleeds ringing in ears ear aches hearing loss
- CARDIOVASCULAR: chest pain palpitations fainting murmurs
- RESPIRATORY: shortness of breath wheezing cough chest tightness pain with breathing snoring
- GASTROINTESTINAL: heartburn nausea vomiting constipation diarrhea bloody/tarry stools
- GENITOURINARY: urinary frequency urgency difficult or painful urination flank pain bleeding with urination
- MUSCULOSKELETAL: joint pain swelling stiffness
- SKIN: skin changes sore that won't heal rash itching redness hives
- HEMATOLOGIC: easy bleeding bruising
- NEUROLOGICAL: numbness tingling dizziness unsteady gait
- PSYCHIATRIC: anxiety depression
- ENDOCRINE: excessive thirst heat tolerance cold tolerance
- ALLERGIC: reaction to foods or environment

PATIENT SIGNATURE _____ DATE: _____