ATLANTA SURGERY ASSOCIATES LLC

PATIENT MEDICAL HISTORY

Patient Name_____ Date_____

Age_____ DOB_____ Referring Physician_____

Reason for Visit_____

Symptoms

General	Ear, Nose, Throat	Cardiovascular	Gastrointestinal	Genitourinary
□ Chills	□ Loss of Hearing	□ Chest pain	□ Bloating	□ Infections
□ Fever	□ Blurred Vision	□ Palpitations	□ Bowel Changes	□ Discharge
□ Lack of Appetite	□ Sinus Problems	□ Poor Circulation	□ Constipation	□ Painful sex
□ Weight Loss	□ Swallowing Prob	□ Swollen ankles	□ Diarrhea	□ Erectile problem
□ Weight Gain	□ Hoarseness		□ Nausea	□ Bloody urine
□ Fatigue		**Respiratory**	□ Vomiting	
□ Unable to Sleep	**Muscle/Joint**	□ Wheezing	□ Indigestion	**Psychiatic**
□ Weakness	□ Pain _____	□ Cough	□ Abdominal Pain	□Hallucinations
□ Sweats	□ Numbness_____	□ Short of breath	□ Rectal Bleeding	□Paranoia
□ Dizziness	□ Swelling _____	□ Bloody Sputum	□ Rectal Pain	□Confusion
□ Headache	□ Weakness _____	□Pain w/Breathing	□ Bloody Stools	
			□ Black Stools	**Skin**
Hormonal	**Neurological**	**Other**	□	□ Rashes
□ Heat Intolerance	□ Fainting	□	□	□ Itching
□ Cold Intolerance	□ Memory Loss	□	□	□ Bruise easily
□ Excess Thirst	□ Paralysis	□	□	□ Change in moles
□ Excess Sweating	□ Tremors	□	□	□ Sores

Allergies: _____ Pharmacy _____

Medications:

Past Medical History

□ Unremarkable	□ Stroke	□ Multiple Sclerosis	□ HIV
□ Asthma	□ Migraine	□ Lupus	□ AIDS
□ COPD	□ Arthritis	□ Depression	□ Cancer _____
□ Hypertension	□ Thyroid Disease	□ Seizure Disorder	□ Currently pregnant
□ Diabetes	□ Hepatitis	□ Anxiety Disorder	□ Bleeding Disorder
□ High Cholestrol	□ Liver Disease	□ Crohn's/Ulc.Colitis	□ On Plavix
□ Kidney Disease	□ Breast Cancer	□ Gout	□ On Coumadin
□ Heart Disease	□ Colon Cancer	□ Pacemaker	□ On dialysis

Other:_____

Past Surgery History

□ Unremarkable	□ Colon Resection	□ Heart Bypass	□ Brain Surgery
□ Appendix Removed	□ Removal of Spleen	□ Valve Replacement	□ Prostate Surgery
□ Gallbadder Removed	□ Removal of Kidney	□ Pacemaker	□ Vascular Surgery
□ Hysterectomy	□ C Section	□ Tubal Ligation	□ Vasectomy
□ Mastectomy Right__ Left__	□ Lumpectomy Right__ Left__	□ Axillary Nodes Right__ Left__	□ Breast Biopsy Right__ Left__
□ Thyroidectomy	□ Groin Hernia Repair	□ Hip Replacement	□ Hemorrhoidectomy
□ Gastric Bypass	□ Ventral Hernia Repair	□ Knee Replacement	□ Tonsillectomy
□ Bowel Resection	□ Hiatal Hernia Repair	□ Spine Surgery	□ Transplant_____

Other: _____

Social History

Marital Status □Single □Married □Divorced □Partnered

Children □None □Number _____

Tobacco Use □Never □Current smoker (__packs per day) □Former Smoker (year quit____)

Alcohol Use □Never □Occasional □Daily Type_____ Amount_____

Drug Use □Never □Occasional □Daily Type_____ Amount_____

Exercise □Never □Occasional □Daily Type_____ Amount_____