

General Surgery Medical History

Ihor N. Ponomarenko, MD, FACS
 Leland J. Soto III, MD, FACS

DATE _____

LAST NAME _____ FIRST _____ AGE _____

REASON FOR APPOINTMENT _____ DO YOU HAVE PAIN? ____ where _____ how long _____

PATIENT CARE TEAM: What providers do you see? Referred by: _____

Primary Care: _____ Cardiologist: _____ Urologist: _____

Gastroenterologist: _____ Endocrinologist: _____ OB/GYN: _____

Other: _____

ALLERGIES: _____ ARE YOU ON BLOOD THINNERS: YES NO

MEDICATIONS (Please list): _____

Diseases / medical problems:								
	YES	NO	NOTES		YES	NO	NOTES	
DO YOU HAVE A PACEMAKER?				Heart Burn/GERD				
Acid Reflux				Heart Attack				
Alcoholism				Heart Problems (other)				
Anemia/bleeding/bruising				Hemorrhoids				
Anxiety Disorder				Hernia				
Arthritis				High Blood Pressure				
Asthma				High Cholesterol				
Any blood relative who had anesthesia complications				Infection				
Complications related to anesthesia				Kidney disease/stones				
Bleeding tendencies/Disease				Liver Disease/Hepatitis				
Blood transfusion				Lumps, bumps, cysts, tumors				
Cancer				MRSA Infection				
Chest pain				OTHER				
Colitis				Pain while walking				
COPD/Emphysema				Seizures				
Depression				Shortness of Breath				
Diabetes				Skin disease				
Diverticulitis				Sleep apnea				
Enlarged Lymph Nodes				Stroke				
Gallstones				Substance Abuse				
Headaches/Migraine Headaches				Thyroid Disease/Problems				

SURGICAL HISTORY: *(Please List)* _____

Have you had a mammogram? where _____ when _____

Have you had a colonoscopy? where _____ when _____

FAMILY HISTORY: Please list disease (if known) I do not know my family history _____

Mother _____ Father _____ Grandmother(M) _____

Grandmother(F) _____ Grandfather(M) _____ Grandfather(F) _____

Sister(s) _____ Brother(s) _____