FAILURE TO BRING A LIST OF YOUR MEDICATIONS, OR PAPERWORK NOT COMPLETED

IN ITS ENTIRETY WE WILL NEED TO RESCHEDULE YOUR APPOINTMENT. (SURGICAL SPECIALISTS OF BG)

PATIENT NAME: _____ PATIENT DATE OF BIRTH_____

SURGICAL HISTORY

☐	Gallbladder Removal
☐	Appendectomy
☐	Carpal Tunnel Repair
☐	Colonoscopy
☐	Colectomy ☐ Colostomy ☐
☐	Heart (Bypass Surgery)or Stent(s)
☐	Hernia Repair if yes what type:_____
☐	Defibrillator, Cardiologist Name_____
☐	Pacemaker, Cardiologist Name_____
☐	Stent Location_____
☐	Fistulotomy
☐	Port
☐	Hemorrhoid Removal
☐	Breast Lumpectomy or Mastectomy
☐	Joint Replacement of _____
☐	Abdominal Surgery, what for:_____
☐	Biopsy, what of:_____
☐	**Lesion Removal ☐ Benign ☐ Malignant/type if Malignant Squamous Cell ☐ Basal Cell ☐ Melanoma ☐**
☐	Lipoma Removal, where from:_____
☐	Back Surgery/Fusion
☐	Tonsilectomy
☐	Arthoscopic Surgery
☐	Other:

MEDICAL HISTORY

☐	Kidney Disease
☐	Vascular Disease
☐	Cancer (type)_____
☐	Diabetes
☐	Heart Condition
☐	Heart Arrhythmia What type:_____
☐	Stroke
☐	High Blood Cholesterol
☐	High Blood Pressure
☐	Blood Disorder
☐	Fibromyalgia
☐	GERD/Heartburn
☐	Thyroid Condition
☐	Asthma/COPD
☐	Rectal Bleed
☐	Anxiety
☐	Depression
☐	**Does the patient smoke Yes ☐ No ☐ Packs per day_____**
☐	**Former Smoker Yes ☐ No ☐**
☐	**Drink Alcohol Yes ☐ No ☐ How often: _____**
☐	**Substance Abuse Yes ☐ No ☐**
☐	**Other:_____**

FAMILY HISTORY

PLEASE USE M FOR Mother (M) USE F FOR Father (F) USE S FOR Sister (S) USE B FOR Brother (B)

BIOLOGICAL FAMILY MEMBERS ONLY

List family history, such as: Breast Cancer, Colon Cancer, Heart Disease, Diabetes, Stroke, etc.

	☐ ADOPTED ☐ UNKNOWN		
M	Example M for (mother) then condition: Breast cancer, **Do not use this example line**		