Advanced Surgical Associates, L.L.C.

Name: _____ Age:_____ Date: _____

Birthdate: _____ Primary Doctor:_____ Referring Doctor:_____

Reason for visit today? _____

CURRENT MEDICAL PROBLEMS

PAST OPERATIONS

Year	Hospital	Operation

MEDICATIONS

ALLERGIES

SYMPTOMS – *Check symptoms you currently have or have had in the past*

GENERAL

- ❑ Chills
- ❑ Fever
- ❑ Headache
- ❑ Loss of Sleep
- ❑ Loss of Weight
- ❑ Sweats

Eye, Ear, Nose, Throat

- ❑ Blurred vision
- ❑ Difficulty swallowing
- ❑ Earache
- ❑ Hoarseness
- ❑ Loss of hearing
- ❑ Nosebleeds
- ❑ Sinusitis

HEART/LUNG

- ❑ Chest pain
- ❑ Chronic cough
- ❑ Coughing up of blood
- ❑ Inability to breath when laying flat
- ❑ Shortness of breath
- ❑ Wheezing

GASTROINTESTINAL

- ❑ Bloating
- ❑ Bowel changes
- ❑ Constipation
- ❑ Diarrhea
- ❑ Indigestion
- ❑ Rectal bleeding

GENITO-URINARY

- ❑ Blood in urine
- ❑ Frequent urination
- ❑ Lack of bladder control
- ❑ Painful urination

Muscle/Joint/Bone

Pain, weakness, numbness in

- ❑ Arms ❑Hips
- ❑ Neck ❑Legs
- ❑ Back ❑Feet

Family History

- ❑ Arthritis, Gout
- ❑ Breast cancer
- ❑ Colon cancer
- ❑ Other cancers
- ❑ Diabetes
- ❑ Heart disease
- ❑ High blood pressure
- ❑ Kidney disease
- ❑ Other _____

Health Habits

Check the substances you use and describe how much you use

- ❑ Tobacco _____
- ❑ Alcohol _____
- ❑ Other Drugs _____

I certify that the above information is correct to the best of my knowledge. I will not hold my doctor or any member of his staff responsible for any errors or omissions that I may have made in the completion of this form.

Signature: _____ Date: _____ Reviewed by:_____ Date:_____

Advanced Surgical Associates, L.L.C.

Name: _____ Age: _____ Sex: _____ Date: _____

*****OFFICE USE ONLY*****

History of Present Illness

Physical Exam
Temp: _____HR: ____ Resp.: _____ BP: _____ Ht: _____ Wt: _____ BMI: _____ IBW: _____

HEENT:	BREAST:
NECK:	
LUNG:	VASC:
HEART:	
ABD:	EXTREMITIES:
RECTAL:	INGUINAL:

Laboratory/Radiology/Diagnostic Results

Impression	Plan

Signature: _____ Date: _____

Consult Dictated Date:_____ H&P Dictated Date:_____