

**\*\*YOUR COLONOSCOPY WILL BE SCHEDULED UPON COMPLETION AND RETURN OF THIS FORM!\*\***



**WICHITA SURGICAL SPECIALISTS, P.A.**

**Full Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Gender:**  M  F

**Address:** \_\_\_\_\_

**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Preferred language:** \_\_\_\_\_

**Marital Status:**  Married  Single  Other **Email Address:** \_\_\_\_\_

**Emergency Contacts:**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**\*\*\*\*\* NOTE: Due to current HIPAA Laws, we cannot speak to anyone regarding your care if they are not listed as a contact in your chart. This includes scheduling of procedures/testing as well as discussing any information pertaining to patient care. \*\*\*\*\***

**Primary Insurance:** \_\_\_\_\_

**ID Number:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_

**Guarantor's Name:** \_\_\_\_\_ **Guarantors DOB:** \_\_\_\_\_

**Insurance Address:** \_\_\_\_\_

**Secondary Insurance:** \_\_\_\_\_

**ID Number:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_

**Guarantor's Name:** \_\_\_\_\_ **Guarantors DOB:** \_\_\_\_\_

**Insurance Address:** \_\_\_\_\_

**Primary Care Doctor:** \_\_\_\_\_ **Preferred Pharmacy:** \_\_\_\_\_

**Cardiologist (if applicable):** \_\_\_\_\_

**Office use only:**

Dr. Strader

Dr. Porter

Dx:

DOS:

## MEDICAL HISTORY FORM

### CARDIOVASCULAR DISEASE

|                             |   |   |
|-----------------------------|---|---|
| HYPERTENSION                | Y | N |
| CORONARY ARTERY DISEASE     | Y | N |
| CONGESTIVE HEART FAILURE    | Y | N |
| CARDIOMYOPATHY              | Y | N |
| ATRIAL FIBRILLATION         | Y | N |
| IRREGULAR HEARTBEAT         | Y | N |
| ABDOMINAL ANEURYSM          | Y | N |
| ILIAC ARTERY ANEURYSM       | Y | N |
| PERIPHERAL VASCULAR DISEASE | Y | N |
| RENAL ARTERY STENOSIS       | Y | N |
| ILIAC ARTERY STENOSIS       | Y | N |
| CAROTID ARTERY STENOSIS     | Y | N |
| MESENTERIC ARTERY STENOSIS  | Y | N |
| DEEP VEIN THROMBOSIS        | Y | N |
| (CLOT IN LEGS)              |   |   |
| VARICOSE VEIN               | Y | N |
| SPIDER VEIN                 | Y | N |
| HEART ATTACK                | Y | N |
| LEG ULCERS                  | Y | N |
| HEART TRANSPLANT            | Y | N |
| OTHER CARDIAC DISORDER:     |   |   |

### LUNG DISEASE

|                     |   |   |
|---------------------|---|---|
| ASTHMA              | Y | N |
| PNEUMONIA           | Y | N |
| COPD                | Y | N |
| CHRONIC BRONCHITIS  | Y | N |
| OTHER LUNG DISORDER | Y | N |

### UPPER GI/LIVER DISEASE

|                                 |   |   |
|---------------------------------|---|---|
| GASTROESOPHAGEAL REFLUX DISEASE | Y | N |
| PEPTIC ULCER DISEASE            | Y | N |
| HIATAL HERNIA                   | Y | N |
| ESOPHAGEAL TEARS                | Y | N |
| PANCREATITIS                    | Y | N |
| HEPATITIS A                     | Y | N |
| HEPATITIS B                     | Y | N |

### UPPER GI/LIVER DISEASE

|                          |   |   |
|--------------------------|---|---|
| CROHN'S DISEASE          | Y | N |
| HEPATITIS C              | Y | N |
| CIRRHOSIS                | Y | N |
| JAUNDICE                 | Y | N |
| OTHER GI/LIVER DISORDER: |   |   |

### COLON/RECTAL DISEASE

|                    |   |   |
|--------------------|---|---|
| DIVERTICULITIS     | Y | N |
| DIVERTICULOSIS     | Y | N |
| ULCERATIVE COLITIS | Y | N |
| HEMORRHOIDS        | Y | N |
| OTHER:             |   |   |

### ENDOCRINE DISEASE

|                                |   |   |
|--------------------------------|---|---|
| INSULIN-DEPENDENT DIABETES     | Y | N |
| NON-INSULIN DEP. DIABETES      | Y | N |
| HYPOTHYROIDISM                 | Y | N |
| HYPERTHYROIDISM                | Y | N |
| CUSHING'S DISEASE              | Y | N |
| PARATHYROID GLAND              | Y | N |
| PITUITARY ADENOMA              | Y | N |
| ADRENAL DISORDER               | Y | N |
| ADRENAL ADENOMA                | Y | N |
| POLYCYSTIC OVARY SYNDROME      | Y | N |
| DYSFUNCTIONAL UTERINE BLEEDING | Y | N |
| OSTEOPOROSIS                   | Y | N |
| OTHER ENDOCRINE DISORDER:      |   |   |

### HEMATOLOGIC DISEASE

|                             |   |   |
|-----------------------------|---|---|
| SICKLE CELL ANEMIA          | Y | N |
| SICKLE CELL CARRIER         | Y | N |
| HEMOPHILIA                  | Y | N |
| BLEEDING DISORDER           | Y | N |
| ANEMIA                      | Y | N |
| OTHER HEMATOLOGIC DISORDER: |   |   |

### ONCOLOGIC DISEASE

|                           |   |   |
|---------------------------|---|---|
| ORAL                      | Y | N |
| LARYNGEAL                 | Y | N |
| BREAST                    | Y | N |
| LUNG                      | Y | N |
| STOMACH                   | Y | N |
| COLON                     | Y | N |
| COLON POLYPS              | Y | N |
| MELANOMA                  | Y | N |
| SKIN                      | Y | N |
| OVARIAN/UTERINE/CERVICAL  | Y | N |
| PROSTATE CANCER           | Y | N |
| TESTICULAR CANCER         | Y | N |
| HODGKIN'S DISEASE         | Y | N |
| NON-HODGKIN'S LYMPHOMA    | Y | N |
| LEUKEMIA                  | Y | N |
| KIDNEY CANCER             | Y | N |
| UTERINE FIBROIDS          | Y | N |
| OTHER ONCOLOGIC DISORDER: |   |   |

### UROLOGIC DISEASE

|                          |   |   |
|--------------------------|---|---|
| BLADDER CANCER           | Y | N |
| URETHRA CANCER           | Y | N |
| BLADDER STONES           | Y | N |
| URINARY TRACT INFECTIONS | Y | N |
| PROSTATITIS              | Y | N |
| STRESS INCONTINENCE      | Y | N |
| URGE INCONTINENCE        | Y | N |
| INTERSTITIAL CYSTITIS    | Y | N |
| OTHER UROLOGY DISORDER:  |   |   |

### RENAL DISEASE

|                       |   |   |
|-----------------------|---|---|
| CHRONIC RENAL FAILURE | Y | N |
| KIDNEY STONES         | Y | N |
| PYELONEPHRITIS        | Y | N |
| CYSTS OF THE KIDNEY   | Y | N |
| REFLUX OF THE URINE   | Y | N |
| OTHER RENAL DISEASE:  |   |   |

### METABOLIC DISORDERS

|                           |   |   |
|---------------------------|---|---|
| HYPERCHOLESTEROLEMIA      | Y | N |
| HEMOCHROMATOSIS           | Y | N |
| OTHER METABOLIC DISORDER: |   |   |

### INFECTIOUS DISEASE-VIRAL

|                                       |   |   |
|---------------------------------------|---|---|
| HUMAN IMMUNODEFICIENCY VIRUS POSITIVE | Y | N |
| HERPES SIMPLEX (ORAL)                 | Y | N |
| HERPES SIMPLEX (GENITAL)              | Y | N |
| HUMAN PAPILLOMA VIRUS                 | Y | N |
| GONORRHEA                             | Y | N |
| SYPHILIS                              | Y | N |
| CHLAMYDIA                             | Y | N |
| OTHER SEXUALLY TRANSMITTED DX         | Y | N |

### INFECTIOUS DISEASE MYCOBACTERIUM

|                          |   |   |
|--------------------------|---|---|
| TUBERCULOSIS             | Y | N |
| OTHER INFECT DISEASE DX: |   |   |

### GYNECOLOGIC/BIRTH HISTORY

|                              |       |
|------------------------------|-------|
| NUMBER OF PREGNANCIES        | _____ |
| NUMBER OF BIRTHS             | _____ |
| AGE AT FIRST BIRTH           | _____ |
| TUBAL PREGNANCY              | Y N   |
| FALLING BLADDER (CYSTOCELE)  | Y N   |
| FALLING RECTUM (RECTOCELE)   | Y N   |
| LAST NORMAL MENSTRUAL PERIOD | Y N   |
| AGE AT FIRST PERIOD          | Y N   |
| ENDOMETRIOSIS                | Y N   |

### HAVE YOU HAD A MAMMOGRAM

|                                   |       |
|-----------------------------------|-------|
| <u>WITHIN THE LAST 24 MONTHS?</u> | Y N   |
| OTHER DISORDER:                   | _____ |

### ORTHOPEDIC DISEASE

|                        |       |
|------------------------|-------|
| LUMBAR DISC DISEASE    | Y N   |
| CERVICAL DISC DISEASE  | Y N   |
| THORACIC DISC DISEASE  | Y N   |
| SPINA BIFIDA           | Y N   |
| EXTREMITY CONTRACTURES | Y N   |
| SCOLIOSIS              | Y N   |
| OTHER DISORDER:        | _____ |

**RHEUMATOLOGIC DISEASE**

|                      |       |   |
|----------------------|-------|---|
| GOUT                 | Y     | N |
| RHEUMATOID ARTHRITIS | Y     | N |
| OSTEOARTHRITIS       | Y     | N |
| OTHER DISORDER:      | _____ |   |

**EYE/ENT DISORDERS**

|                 |       |   |
|-----------------|-------|---|
| CATARACTS       | Y     | N |
| GLAUCOMA        | Y     | N |
| HEARING LOSS    | Y     | N |
| OTHER DISORDER: | _____ |   |

**NEUROLOGICAL DISEASE**

|                           |       |   |
|---------------------------|-------|---|
| SEIZURE DISORDER          | Y     | N |
| EPILEPSY                  | Y     | N |
| MIGRAINE HEADACHES        | Y     | N |
| SPINAL CORD INJURY        | Y     | N |
| QUADRIPLEGIA              | Y     | N |
| PARAPLEGIA                | Y     | N |
| PARKINSON'S DISEASE       | Y     | N |
| MULTIPLE SCLEROSIS        | Y     | N |
| TRANSVERSE MYELITIS       | Y     | N |
| TREMOR DISORDER           | Y     | N |
| SPINAL STENOSIS           | Y     | N |
| NEUROPATHY                | Y     | N |
| CEREBRAL ARTERY ANEURYSM  | Y     | N |
| MENINGITIS                | Y     | N |
| TRANSIENT ISCHEMIC ATTACK | Y     | N |
| STROKE/CEREBROVASCULAR    | Y     | N |
| ACCIDENT                  |       |   |
| FIBROMYALGIA              | Y     | N |
| OTHER DISORDER:           | _____ |   |

**PSYCHOLOGICAL DISEASE**

|                  |       |   |
|------------------|-------|---|
| BIPOLAR          | Y     | N |
| SCHIZOPHRENIA    | Y     | N |
| DEPRESSION       | Y     | N |
| ANXIETY DISORDER | Y     | N |
| OTHER DISORDER:  | _____ |   |

**TRANSPLANT STATUS**

|                            |       |   |
|----------------------------|-------|---|
| HEART                      | Y     | N |
| LUNG                       | Y     | N |
| KIDNEY                     | Y     | N |
| PANCREAS (ENTERIC DRAINED) | Y     | N |
| PANCREAS (BLADDER DRAINED) | Y     | N |
| LIVER                      | Y     | N |
| BONE MARROW                | Y     | N |
| OTHER:                     | _____ |   |

**RADIATION THERAPY**

|                       |       |   |
|-----------------------|-------|---|
| HEAD                  | Y     | N |
| CHEST                 | Y     | N |
| ABDOMEN               | Y     | N |
| PELVIS                | Y     | N |
| EXTREMITY             | Y     | N |
| PROSTATE              | Y     | N |
| SYSTEMIC CHEMOTHERAPY | Y     | N |
| OTHER:                | _____ |   |

## SURGICAL HISTORY

### GENERAL SURGERY

|                            |   |   |
|----------------------------|---|---|
| APPENDECTOMY               | Y | N |
| HEMORRHOIDECTOMY           | Y | N |
| INGUINAL HERNIA REPAIR     | Y | N |
| INCISIONAL HERNIA REPAIR   | Y | N |
| LAPAROSCOPIC               | Y | N |
| CHOLECYSTECTOMY            |   |   |
| OPEN CHOLECYSTECTOMY       | Y | N |
| LAPAROTOMY FOR SMALL       | Y | N |
| BOWEL OBSTRUCTION          |   |   |
| LYSIS OF ADHESIONS         | Y | N |
| ESOPHAGECTOMY              | Y | N |
| ESOPHAGOGASTRODUODENOSCOPY | Y | N |
| LIVER SURGERY              | Y | N |
| PANCREATIC SURGERY         | Y | N |
| COLONOSCOPY                | Y | N |

#### **\*\*LAST COLONOSCOPY**

|                                |   |   |
|--------------------------------|---|---|
| ANY OPEN ABDOMINAL SURGERY     | Y | N |
| LAPAROSCOPIC GASTRIC           | Y | N |
| RESTRICTIVE PROC BY ADJUSTABLE |   |   |
| GASTRIC BAND                   |   |   |
| LAPAROSCOPY                    | Y | N |
| ESOPHAGOGASTRIC                | Y | N |
| FUNDOPLASTY                    |   |   |
| GASTRIC SURGERY FOR MORBID     | Y | N |
| OBESITY GASTRIC BYPASS         |   |   |
| OTHER: _____                   |   |   |

### NEUROSURGERY

|                       |   |   |
|-----------------------|---|---|
| CERVICAL DISC SURGERY | Y | N |
| THORACIC DISC SURGERY | Y | N |
| LUMBAR DISC SURGERY   | Y | N |
| FUSION/REFUSION OF    | Y | N |
| VERTEBRAE             |   |   |
| SPINAL ARTHRODESIS    | Y | N |
| LAMINECTOMY           | Y | N |

### CARDIOTHORACIC SURGERY

|                          |   |   |
|--------------------------|---|---|
| CABG                     | Y | N |
| AORTIC VALVE REPLACEMENT | Y | N |
| MITRAL VALVE REPLACEMENT | Y | N |
| CORONARY ARTERY STENT    | Y | N |
| PTCA (ANGIOPLASTY)       | Y | N |
| OTHER: _____             |   |   |

### CARDIOTHORACIC SURGERY

|                         |   |   |
|-------------------------|---|---|
| PACEMAKER               | Y | N |
| WEDGE RESECTION OF LUNG | Y | N |
| OTHER: _____            |   |   |

### ORTHOPEDIC SURGERY

|                       |   |   |
|-----------------------|---|---|
| TOTAL HIP REPLACEMENT | Y | N |
| SHOULDER SURGERY      | Y | N |
| KNEE ARTHROSCOPY      | Y | N |
| SHOULDER ARTHROSCOPY  | Y | N |
| KNEE ARTHROPLASTY     | Y | N |

### CANCER SURGERY

|              |   |   |
|--------------|---|---|
| BRAIN        | Y | N |
| LARYNGEAL    | Y | N |
| BREAST       | Y | N |
| LUNG         | Y | N |
| GASTRIC      | Y | N |
| COLON        | Y | N |
| PROSTATE     | Y | N |
| BLADDER      | Y | N |
| KIDNEY       | Y | N |
| TESTIS       | Y | N |
| MELANOMA     | Y | N |
| SKIN         | Y | N |
| OVARIAN      | Y | N |
| UTERINE      | Y | N |
| CERVICAL     | Y | N |
| OTHER: _____ |   |   |

### COSMETIC SURGERY

|                    |   |   |
|--------------------|---|---|
| ADBOMINOPLASTY     | Y | N |
| RHINOPLASTY        | Y | N |
| BREAST ENHANCEMENT | Y | N |
| BLEPHAROPLASTY     | Y | N |
| OTHER: _____       |   |   |

### GENITOURINARY CYSTO/STONE

|                            |   |   |
|----------------------------|---|---|
| CYSTOSCOPY W/ URETEROSCOPY | Y | N |
| W/ REMOVAL OF CALCULUS     |   |   |
| CYSTO/STENT                |   |   |
| CYSTOLITHOLAPAXY BLADDER   | Y | N |
| STONE                      |   |   |
| CYSTOSCOPY FOR URETHRAL    | Y | N |
| STRICTURE                  |   |   |
| CYSTO/BLADDER BIOPSY       | Y | N |
| OPEN RENAL STONE SURGERY   | Y | N |
| TRANSURETHRAL RESECTION OF | Y | N |
| PROSTATE                   |   |   |
| OTHER: _____               |   |   |

### VASCULAR SURGERY

|                             |   |   |
|-----------------------------|---|---|
| CAROTID ENDARTERECTOMY      | Y | N |
| SURGERY FOR ABDOMINAL       | Y | N |
| AORTIC ANEURYSM             |   |   |
| BYPASS GRAFT USING VEIN     | Y | N |
| (FEMORAL-FEMORAL            |   |   |
| BYPASS GRAFT USING VEIN     | Y | N |
| (ILIAC-FEMORAL)             |   |   |
| BYPASS GRAFT ILIO-MESENERIC | Y | N |
| VEIN STRIPPING              | Y | N |
| SCLEROTHERPAY               | Y | N |
| OTHER: _____                |   |   |

### GYNECOLOGIC SURGERY

|                           |   |   |
|---------------------------|---|---|
| ABDOMINAL HYSTERECTOMY    | Y | N |
| VAGINAL HYSTERECTOMY      | Y | N |
| LAPAROSCOPIC HYSTERECTOMY | Y | N |
| SALPINGO-OOPHORECTOMY     | Y | N |
| TUBAL LIGATION            | Y | N |
| DILATION & CURETTAGE      | Y | N |
| C-SECTION                 | Y | N |
| OTHER: _____              |   |   |

### GENITOURINARY MAJOR

|                           |   |   |
|---------------------------|---|---|
| NEPHRECTOMY               | Y | N |
| PERCUTANEOUS CRYOABLATION | Y | N |
| OF KIDNEY                 |   |   |
| CYSTOSCOPY                | Y | N |
| URETEROILEAL CONDUIT      | Y | N |

### GU MINOR-MALE

|                             |   |   |
|-----------------------------|---|---|
| HYDROCELE REPAIR            | Y | N |
| SPERMATOCELE REPAIR         | Y | N |
| ABDOMINAL VARICOCELE REPAIR | Y | N |
| TREATMENT OF CONDYLOMA      | Y | N |
| TRANSRECTAL PROSTATE BIOPSY | Y | N |
| VASECTOMY REVERSAL          | Y | N |
| OTHER: _____                |   |   |

### GU MINOR-FEMALE

|                  |   |   |
|------------------|---|---|
| VAGINAL SLING    | Y | N |
| CYSTOCELE REPAIR | Y | N |
| RECTOCELE REPAIR | Y | N |
| OTHER: _____     |   |   |

### HEAD/NECK SURGERY

|                   |   |   |
|-------------------|---|---|
| CRANIOTOMY        | Y | N |
| VENTRICULAR SHUNT | Y | N |
| TRACHEOSTOMY      | Y | N |
| LARYNGECTOMY      | Y | N |
| CATARACT SURGERY  | Y | N |
| TONSILLECTOMY     | Y | N |
| ADENOIDECTOMY     | Y | N |
| OTHER: _____      |   |   |

**MEDICATIONS AND ALLERGIES**

PLEASE LIST ALL CURRENT MEDICATIONS:

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PLEASE LIST ALL ALLERGIES:

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**SOCIAL HISTORY**

**SMOKING**

NEVER A SMOKER Y  
 CURRENT EVERYDAY SMOKER Y  
 CURRENT SOME DAY SMOKER Y  
 PACKS/DAY \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 FORMER SMOKER; QUIT WHEN: \_\_\_\_\_ Y  
 PACKS/DAY \_\_\_\_\_  
 SMOKER CURRENT STATUS UNKNOWN Y  
 UNKNOWN IF EVER SMOKED Y

**ILLICIT DRUG USE**

NEVER Y  
 QUIT Y  
 MARIJUANA Y  
 LSD Y  
 CRYSTAL METHAMPHETAMINE Y  
 PRESCRIPTION DRUG ABUSE Y  
 INTRAVENOUS DRUG USE Y  
 HISTORY OF OVERDOSE Y  
 HISTORY OF DRUG REHAB Y

**ALCOHOL USE**

NEVER Y  
 SOCIALLY Y  
 DAILY Y  
 QUIT Y  
 HISTORY OF DELIRIUM TREMENS Y  
  
**CAFFEINE USE**  
 CAFFEINE USE Y  
 CUPS/GLASSES/CANS PER DAY \_\_\_\_\_

**ORAL TABACCO**

NEVER Y  
 QUIT; WHEN: \_\_\_\_\_ Y

OCCUPATION (RETIRED, FULL TIME, PART TIME, DISABLED) \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ NUMBER OF CHILDREN \_\_\_\_\_

**FAMILY HISTORY**

| Diagnosis          | Fam Dx | Dad | Mom | Brother | Sister | PG-Father | PG-Mother | MG-Father | MG-Mother | P-Uncle | P-Aunt | M-Uncle | M-Aunt | Son | Daughter |
|--------------------|--------|-----|-----|---------|--------|-----------|-----------|-----------|-----------|---------|--------|---------|--------|-----|----------|
| Cancer             | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Colon Cancer       | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Breast Cancer      | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Uterine Cancer     | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Ovarian Cancer     | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Endometrial Cancer | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Prostate Cancer    | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Renal Cancer       | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Bladder Cancer     | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Testicular Cancer  | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Heart Attack       | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Heart Disease      | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Stroke             | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Hypertension       | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Hyperlipidemia     | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Diabetes           | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Kidney Disease     | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Urinary Stones     | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Cystic Fibrosis    | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Tuberculosis       | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Colon Polyps       | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |
| Melanoma           | Y N    |     |     |         |        |           |           |           |           |         |        |         |        |     |          |

Family History Unobtainable – Pt Adopted Y N  
 Racial Background Ashkenazi Jewish Y N  
 Father Living Y N – Deceased (age) \_\_\_\_\_  
 Mother Living Y N – Deceased (age) \_\_\_\_\_

**REVIEW OF SYMPTOMS**

**SYSTEMIC**

FATIGUE/WEAKNESS Y N  
RECENT CHANGE IN WEIGHT Y N  
LOSS or GAIN  
FEVER Y N  
CHILLS Y N  
RECURRENT INFECTIONS Y N  
NIGHT SWEATS Y N

**EYES/EARS/NOSE/THROAT**

EYE PAIN Y N  
BLURRED VISION Y N  
SORE THROAT Y N  
SINUS PAIN Y N  
HEARING PROBLEMS Y N  
NOSE BLEEDS Y N

**NEUROLOGICAL**

DIZZINESS Y N  
NUMBNESS Y N  
TREMORS Y N  
TINGLING Y N  
CONVULSIONS Y N  
HEADACHE Y N  
MEMORY LAPSES OR LOSS Y N

**SKIN**

RASHES Y N  
ITCHING Y N  
RECURRENT SKIN INFECTIONS Y N

**RESPIRATORY**

COUGH Y N  
WHEEZING Y N  
SHORTNESS OF BREATH Y N  
BLOOD IN SPUTUM Y N

**CARDIOVASCULAR**

PALPITATIONS Y N  
LEG PAIN WITH EXERCITION Y N  
CHEST PAIN Y N  
ANKLE SWELLING Y N  
HIGH BLOOD PRESSURE Y N

**GENITOURINARY**

BURNING WITH URINATION Y N  
DIFFICULTY STARTING STREAM Y N  
URINATING AT NIGHT Y N  
BLOOD IN THE URINE Y N  
URINARY INCONTINENCE Y N  
SLOW URINARY STREAM Y N  
URINARY FREQUENCY Y N

**GASTROINTESTINAL**

ABDOMINAL PAIN Y N  
CONSTIPATION Y N  
DIARRHEA Y N  
NAUSEA Y N  
VOMITTING Y N  
DECREASE IN APPETITE Y N  
DIFFICULTY SWALLOWING Y N  
RECTAL PAIN Y N  
HEARTBURN Y N  
BELCHING Y N  
BLOATING Y N  
CHANGE IN THE STOOLS Y N

**HEMATOLOGICAL**

EASY BRUISING Y N  
BLEEING PROBLEM Y N

**MUSCULOSKELETAL**

NECK PAIN Y N  
DIFFUSE JOINT PAIN Y N  
BACK PAIN Y N

**ENDOCRINE**

SWOLLEN GLANDS IN THE NECK Y N  
GROIN LYMPH NODE SWELLING Y N  
EXCESSIVE THIRST Y N  
TEMPERATURE INTOLERANCE Y N

**PSYCHIATRIC**

DEPRESSION Y N  
ANXIETY Y N  
FEELING NERVOUS Y N

**BREAST (INDICATE SIDE- L OR R)**

BREAST PAIN Y N  
BREAST LUMP Y N  
NIPPLE INVERTED Y N  
BREAST REDDENING Y N  
BREAST SWELLING Y N  
NIPPLE DISCHARGE Y N  
ASYMMETRICAL Y N

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

\_\_\_\_\_  
Signature of patient / patient representative

\_\_\_\_\_  
Date Signed