

****YOU ARE RECEIVING THIS BECAUSE YOUR PRIMARY CARE PHYSICIAN HAS REFERRED YOU FOR A COLONOSCOPY. YOU 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. Niederee

Dr. George

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 HEMAOLOGIC 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	Y	N

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:

PLEASE LIST ALL ALLERGIES:

SOCIAL HISTORY

SMOKING

NEVER A SMOKER Y
 CURRENT EVERY DAY 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

<u>Diagnosis</u>	<u>Fam Dx</u>	<u>Dad</u>	<u>Mom</u>	<u>Brother</u>	<u>Sister</u>	<u>PG-Father</u>	<u>PG-Mother</u>	<u>MG-Father</u>	<u>MG-Mother</u>	<u>P-Uncle</u>	<u>P-Aunt</u>	<u>M-Uncle</u>	<u>M-Aunt</u>	<u>Son</u>	<u>Daughter</u>
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 Father Living Y N – Deceased (age) _____
 Racial Background Ashkenazi Jewish Y N 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
 BLEEEING 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
 ASYMMECTRICAL Y N

HEIGHT: _____ WEIGHT: _____

 Signature of patient / patient representative

 Date Signed