## **Falls Canyon Surgical Associates**

| Anxiety Diabetes Hyperlipidemia (High Anxiety Diabetes Hyperlipidemia (High Anxiety Diabetes Hyperlipidemia (High Asthma Diverticulitis Cholesterol) Atrial Fibrillation Emphysema Hypertension Hypertension Hypertension Bleeding Disorder Heart Attack Irritable Bowel (IBS) Blood Clots Heart Failure Joint Replacement Liver Disease Carotid Stenosis Heart murmur-Previous Kidney/Renal Failure Claudication or Current Liver Disease MRSA Colon Polyps Heart Valve MRSA Pacemaker Pacemaker Pacemaker Pacemaker Pacemaker Pancreatitis  Surgical History (Please list dates of ALL prior surgical procedures and name of performing doc surgeries are relevant to your medical care.)  Surgical History (Please list dates of ALL prior surgical procedures and name of performing doc surgeries are relevant to your medical care.)  Surgical History (Please list dates of ALL prior surgical procedures and name of performing doc surgeries are relevant to your medical care.)  Surgical History (Please list dates of ALL prior surgical procedures and name of performing doc surgeries are relevant to your medical care.)  Surgical History (Please list dates of ALL prior surgical procedures and name of performing doc surgeries are relevant to your medical care.)  Surgical History (Please list dates of ALL prior surgical procedures and name of performing doc surgeries are relevant to your medical care.)  Surgical History (Please list dates of ALL prior surgical procedures and name of performing doc surgeries are relevant to your family ever had any of the following tests?)  Colon Cancer Bleeding Disorder Colon Polyps Heart Disease Celiac Disease Uterine Cancer Ulcerative Colitis Creably Risease Celiac Disease Uterine Cancer Ulcerative Colitis Creably Risease Celiac Disease Uterine Cancer Ulcerative Colitis Creably Risease Celiac Disease   |                                      |
|--|--------------------------------------|
| Abnormal Mammogram   Crohn's Disease   Hiatal Hernia   Anemia   Depression   HIV   Anxiety   Diabetes   Hyperlipidemia (High   Asthma   Diverticulitis   Cholesterol)   Atrial Fibrillation   Emphysema   Hypertension   Hiverlipidemia (High   Asthma   Diverticulitis   Cholesterol)   Atrial Fibrillation   Emphysema   Hypertension   Hypertension   Heart Attack   Irritable Bowel (IBS)   Blood Clots   Heart Failure   Joint Replacement   Giordi Stenosis   Heart murur-Previous   Kidney/Renal Failure   Liver Disease   Carotid Stenosis   Heart Valve   MRSA   MRSA   Colon Polyps   Heart Valve   MRSA   Pacemaker   Pacemaker   Pacemaker   Pacemaker   Pacemaker   Pacemaker   Pancreatitis    Surgical History (Please list dates of ALL prior surgical procedures and name of performing doc surgeries are relevant to your medical care.)  Gallbladder   Colon Resection   Appendectomy   Ulcer Surgery   Adenoidectomy   Breast Surgery   Heart Valve   Pacemaker   Heart Valve   Pacemaker   Heart Valve   Pacemaker   Hysterectomy   Other Surgery   Heart Valve   Pacemaker   Hysterectomy   Other Surgery   Screening/Diagnostic Tests (Have you EVER had any of the following tests?)  Colonoscopy   YES/NO   When   Where   Where   Mammogram   YES/NO   When   Where   Mere   Where   Mammogram   YES/NO   When   Where   Mere   Mer   |                                      |
| Anemia   |                                      |
| Anxiety  | ☐ Rectal Cancer                      |
| Asthma   | ☐ Rheumatic Fever                    |
| Atrial Fibrillation   Emphysema   Hypertension   Bleeding Disorder   Heart Attack   Irritable Bowel (IBS)   Blood Clots   Heart Failure   Joint Replacement   Carotid Stenosis   Heart murmur-Previous   Kidney/Renal Failure   Liver Disease   Claudication   Or Current   Liver Disease   MRSA   MRSA   Colon Polyps   Heart Valve   MRSA   Pacemaker   Pacemaker   COPD   Hepatitis (Type: )   Pancreatitis   Pancreat   | ☐ Seizure Disorder                   |
| Bleeding Disorder  | ☐ Skin Cancer                        |
| Blood Clots  | ☐ Sleep Apnea/CPAP y/n               |
| Carotid Stenosis   | <ul><li>Stomach Cancer</li></ul>     |
| Claudication   Or Current   Liver Disease   MRSA   MRSA   Colon Polyps   Heart Valve   MRSA   Pacemaker   Pacemaker   Pancreatitis   Pancre   | □ Stroke                             |
| Colon Polyps   | ☐ Thyroid Disorders                  |
| Colon Cancer Replacement Pacemaker Pancreatitis  Surgical History (Please list dates of ALL prior surgical procedures and name of performing doc surgeries are relevant to your medical care.)  Gallbladder Colon Resection Appendectomy Ulcer Surgery Adenoidectomy Breast Surgery Heart Valve Pacemaker Heart Valve Hysterectomy  Other Surgery  Screening/Diagnostic Tests (Have you EVER had any of the following tests?)  Colonoscopy YES/NO When Where Where Mammogram YES/NO When Where Mammogram YES/NO When Where Street Ultrasound YES/NO When Where Street Ultrasound YES/NO When Where Breast Ultrasound YES/NO When Where Heart Disease Celiac Disease Uterine Cancer Celoner Coloner Concer Celoner Coloner Center (Patental Place of the Street Celiac Disease Ulterine Cancer Celoner Center Center Celoner Center Center Celoner Center Celoner Center Celoner Center Celoner Center Center Celoner Celoner Center Celoner Cel | ☐ Tuberculosis                       |
| COPD Hepatitis (Type: ) Pancreatitis  Surgical History (Please list dates of ALL prior surgical procedures and name of performing doc surgeries are relevant to your medical care.)  Gallbladder Colon Resection Appendectomy Ulcer Surgery Breast Surgery Heart Bypass Appendectomy Heart Bypass Appendectomy Heart Surgery Hernia Repair Heart Valve Pacemaker Hysterectomy  Other Surgery  Screening/Diagnostic Tests (Have you EVER had any of the following tests?)  Colonoscopy YES/NO When Where Where Mammogram YES/NO When Where Breast Ultrasound YES/NO When Where Family History Has anyone in your family ever had any of the following? If so, please list their side of the family. (Paternal or Maternal)  Colon Cancer Bleeding Disorder Heart Disease Colon Polyps Heart Disease Ulterine Cancer Ulcerraive Colitis Others are provided by Disease Ulterine Cancer Ulcerraive Colitis Others are provided by Disease Ulterine Cancer Ulcerraive Colitis  | <ul><li>Ulcerative Colitis</li></ul> |
| Surgical History (Please list dates of ALL prior surgical procedures and name of performing doc surgeries are relevant to your medical care.)  Gallbladder   | ☐ UTI's (Frequent)                   |
| Gallbladder Colon Resection Appendectomy Ulcer Surgery Adenoidectomy Breast Surgery Henria Repair Heart Valve Pacemaker Hysterectomy  Colonoscopy YES/NO When Where Where Pacast Ultrasound YES/NO When Where Preast Ultrasound YES/NO When Where Where Preast Ultrasound YES/NO When Where Where Preast Ultrasound YES/NO When Where Preast YES/ |                                      |
| Colonoscopy YES/NO When Where  |                                      |
| Upper Endoscopy YES/NO When Where  |                                      |
| Upper Endoscopy YES/NO When Where  |                                      |
| Mammogram YES/NO When Where Breast Ultrasound YES/NO When Where  Family History Has anyone in your family ever had any of the following? If so, please list their side of the family. (Paternal or Maternal)  Colon Cancer Bleeding Disorder Heart Disease  Colon Polyps Heart Disease Ulcerative Colitis   Uterine Cancer Ulcerative Colitis   Crophy's Disease  |                                      |
| Family History Has anyone in your family ever had any of the following? If so, please list their side of the family. (Paternal or Maternal)  Colon Cancer Bleeding Disorder Heart Disease Colon Polyps Heart Disease Uterine Cancer Ulcerative Colitis   |                                      |
| Family History Has anyone in your family ever had any of the following? If so, please list their side of the family. (Paternal or Maternal)  Colon Cancer Bleeding Disorder Heart Disease Colon Polyps Cancer Celiac Disease Uterine Cancer Ulcerative Colitis   |                                      |
| Colon Polyps Heart Disease  Rectal Cancer Celiac Disease  Uterine Cancer Ulcerative Colitis  Oversian Cancer   |                                      |
| Colon Polyps Heart Disease  Rectal Cancer Celiac Disease  Uterine Cancer Ulcerative Colitis  Oversian Cancer   |                                      |
| Rectal Cancer Celiac Disease Uterine Cancer Ulcerative Colitis Overian Cancer  |                                      |
| Uterine Cancer Ulcerative Colitis Crohn's Disease  |                                      |
| Overian Cancer Crahn's Disease   |                                      |
|  |                                      |
| Pancreatic Cancer Liver Disease  |                                      |
| Proctate Cancer Hypertension   |                                      |
| Stomach Cancer Diabetes  |                                      |
|  |                                      |

## Patient History Cont.

Other Specialist\_\_\_\_\_

## **Social History**

| □ Current Smoker                            | □ Never Smoker          | □ Former Smoker: Quit:       |
|---|-------------------------|------------------------------|
| ☐ Current Alcohol Use/Frequency: _          |                         | □ Former Alcohol Use/Quit:   |
| □ Current Drug Use Type:                    |                         | ☐ Former Drug Use Type/Quit: |
| Are you <b>CURRENTLY</b> experiencing any c | of the following?       |                              |
| Systemic                                    | Gastrointestinal        | <u>Neurologic</u>            |
| ☐ Weight Loss                               | □ Abdominal Pain        | □ Fainting                   |
| □ Weight Gain                               | □ Acid Regurgitation    | □ Numbness                   |
| □ Fever                                     | □ Belching              | □ Weakness                   |
| □ Fatigue                                   | □ Black/Tarry Stool     |                              |
|   | □ Bloating              | <b>Endocrine</b>             |
| <u>Hematologic</u>                          | □ Blood In Stool        | □ Excess Thirst              |
| ☐ Easy Bruising                             | □ Change in Bowel Habit | □ Excess Urination           |
| □ Bleeding Tendency                         | □ Constipation          | □ Intolerance to Temperature |
|   | □ Decreased Appetite    |                              |
| <u>Eyes</u>                                 | □ Diarrhea              | <u>Skin</u>                  |
| ☐ Blurred Vision                            | □ Difficulty Swallowing | □ Itching                    |
| ☐ Vision Loss                               | □ Heartburn             | □ Lump                       |
|   | □ Jaundice              | □ Rash                       |
| <u>ENT</u>                                  | □ Nausea                | □ Ulcer                      |
| □ Loose Teeth                               | □ Rectal Bleeding       |                              |
| ☐ Frequent Nosebleeds                       | □ Spitting up Blood     | <u>Psychological</u>         |
| ☐ Hearing Loss                              | □ Vomiting              | □ Anxiety                    |
|   |                         | □ Depression                 |
| <u>Neck</u>                                 | <u>Genitourinary</u>    |                              |
| □ Neck Pain                                 | □ Blood In Urine        |                              |
| □ Neck Stiffness                            | □ Dark Urine            |                              |
|   | □ Pain with Urination   |                              |
| <u>Cardiac</u>                              |                         |                              |
| □ Irregular Heartbeat                       | Women Only              |                              |
| □ Chest Pain                                | □ Breast Lump           |                              |
| ☐ Chest Pain w/ Exercise                    | □ Breast Feeding        |                              |
| ☐ Evaluation for Chest Pain                 | □ Pregnancy             |                              |
| Pulmonary                                   | Musculoskeletal         | Pharmacy Preference          |
| □ Wheezing                                  | □ Back Pain             | - · ·                        |
| □ Shortness of Breath                       | □ Bone Pain             |                              |
| □ Chronic Cough                             | ☐ Limb Swelling         |                              |
| Cardiologist                                |                         |                              |
| Pulmonologist                               |                         |                              |