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www.yarinsky.com

MEDICAL INFORMATION

Please bring on appointment date - Please print

Patient Number _____

Name: _____

Occupation: _____

Birthdate: _____ Social Security No. _____ Today's Date: _____

Employer: _____

Employer

Address: _____

Employer Phone: _____

For your benefit it is necessary that you answer these questions as accurately as possible so that we can determine your physical condition before undergoing surgery.

1. DO YOU HAVE: YES NO

Heart disease _____

High blood pressure _____

Diabetes _____

Epilepsy _____

Thyroid disease _____

Asthma _____

7. LIST OPERATIONS YOU HAVE HAD AND ANY COMPLICATIONS:

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

2. HAVE YOU EVER HAD:

YES NO

Rheumatic fever _____

3. DO YOU HAVE: YES NO

Shortness of breath _____

Dizzy spells _____

Swelling of ankles _____

Chest pain _____

Prolonged bleeding _____

Jaundice _____

Bruise easily _____

History of herpes/

cold sores _____

MRSA _____

(staph infection) _____

4. DO YOU TAKE: YES NO

Blood thinner meds _____

Heart medication _____

High blood pressure

meds _____

Diuretic (water pill) _____

Aspirin _____

Diet pills _____

8. LIST MEDICATIONS YOU TAKE:

(include dosage)

9. PLEASE LIST ANY UNUSUAL MEDICAL PROBLEMS:

10. NUMBER OF PREGNANCIES _____

Children – Age _____ Sex _____

11. DO YOU SMOKE?

YES NO

_____ Number of packs per day _____

12. DO YOU DRINK ALCOHOL

YES NO

_____ Socially _____ Monthly _____ Weekly _____ Daily _____

13. HEIGHT _____ WEIGHT _____

5. DO YOU TAKE OR HAVE YOU EVER
TAKEN STEROIDS (CORTISONE, ETC):

YES NO

14. DO YOU FEEL SAFE IN YOUR HOME ENVIRONMENT?

YES NO

6. ARE YOU ALLERGIC TO:

YES NO

Penicillin _____

Local anesthetic _____

Other drugs (please list) _____

Please be advised that completing preliminary health and insurance questionnaires does not establish a physician-patient relationship with this practice. Dr. Steven Yarinsky will review your health history and conduct an initial evaluation to determine whether you are a suitable candidate and whether the practice will accept you as a patient

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