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MEDICAL INFORMATION

Please bring on appointment date - Please print

Patient Number___________________ Today's Date:__________________

Name:____________________________ Birthdate:_______________

Social Security No._________________ Employer:________________________

Occupation:_______________________ 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 ___ ___

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 ___ ___

5. DO YOU TAKE OR HAVE YOU EVER TAKEN STEROIDS (CORTISONE, ETC):
YES NO
___ ___

6. ARE YOU ALLERGIC TO:
YES NO
Penicillin ___ ___
Local anesthetic ___ ___
Other drugs (please list)_________

7. LIST OPERATIONS YOU HAVE HAD AND ANY COMPLICATIONS:
________________________Date___________
________________________Date___________
________________________Date___________
________________________Date___________

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 ______

14. DO YOU FEEL SAFE IN YOUR HOME ENVIRONMENT?
YES NO
___ ___

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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