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MEDICAL INFORMATION

Please bring on appointment date - Please print

Patient Number _____ Today's Date: _____

Name: _____ Occupation: _____

Birthdate: _____ Social Security No. _____

Gender: Male _____ Female _____ Other _____

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 _____

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