memorial regional health

750 Hospital Loop ■ Craig, CO 81625 ■ (970) 826-2420

General Surgery Past Medical History Form

Name _____

DOB _____

Past History: Circle if you have or have had any of the following:

Rheumatic fever	Frequent infections	Nervous breakdown	Jaundice
High blood pressure	Ulcers	Gall bladder disease	HIV/AIDS
Gout	Angina	Blood transfusions	Bleeding problems
Emphysema	Heart attack	Thyroid disease	Stroke
Asthma	Anemia	Cancer	
Hay fever	Diabetes	Kidney disease	

How much do you smoke per day? _____ How old were you when you started? _____

What is your average weekly alcohol intake _____ Do you or have you ever used recreational drugs? _____

What medications do you take regularly? Please include over-the-counter drugs.

_____ _____ _____

_____ _____ _____

_____ _____ _____

List any medications you are allergic to: _____

Are you allergic to latex? Yes _____ No _____

What operations have you had in the past? Please list why and when:

_____

_____

_____

Have you ever had a problem with anesthesia? If so, what kind of problem?

_____

When was your last tetanus shot? _____

Family History: Circle if any blood relatives has or has had any of the following:

Stroke	Bleeding problems	Diabetes	Hay fever
Cancer	Migraine	Arthritis	Heart attack
High blood pressure	Asthma	Alcoholism	Angina
Tuberculosis	Emphysema		

Patient signature _____ Date_____