VEGA SURGICAL GROUP

HISTORY AND PHYSICAL

950 Threadneedle Suite 140 Houston TX 77079-2903
Phone: (832) 699-8342
Fax: (888) 974-1574
www.vegasurgicalgroup.com

PATIENT INFORMATION:

Date: _____/_____/_____

Name: _____ Date of Birth: _____

Age:_____ Height: _____ Weight: _____

DESCRIBE BRIEFLY YOUR PRESENT SYMPTOMS:

_____

_____

_____

_____

PREVIOUS SURGERIES:

_____

_____

_____

TOBACO USE:

YES_____ NO _____

ALCOHOL CONSUMPTION

YES_____ NO_____

Anesthesia Problem? _____

CURRENT MEDICATIONS: (Please, include strength & number of pills per day)

Drug allergies: Yes_____ No _____ To What? _____

Name **Dose**

1-_____

2-_____

3-_____

4-_____

5-_____

6-_____

FAMILY HISTORY:

	IF LIVING		IF DECEASED	
	Age (s)	Health & Psychiatric	Age (s) at death	Cause
Father				
Mother				
Siblings				
Children				

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HISTORY AND PHYSICAL

PAST MEDICAL HISTORY

Do you now or have you ever had:

- ☐ Diabetes
- ☐ High blood pressure
- ☐ High Cholesterol
- ☐ Hypothyroidism
- ☐ Goiter
- ☐ Angina
- ☐ Hearth problems
- ☐ Crohn's disease
- ☐ Pulmonary embolism
- ☐ Asthma
- ☐ Jaundice
- ☐ Stroke
- ☐ Kidney Disease
- ☐ Family history of Breast or Ovarian cancer
- ☐ Colitis
- ☐ Anemia
- ☐ HIV/AIDS
- ☐ Hepatitis
- ☐ Stomach or Peptic ulcer
- ☐ Kidney Stones
- ☐ Cancer (type) _____

Other Medical Conditions (please list):

1. _____
2. _____
3. _____
4. _____
5. _____

SYSTEMS REVIEW

At this time, do you have any of the following problems?

Hearth and Lungs

- ☐ Chest pain
- ☐ Palpitations
- ☐ Shortness of breath
- ☐ Fainting
- ☐ Swollen legs or feet

Have you now or have you ever had:

- ☐ Frequent or painful urination
- ☐ Blood in urine

Women only:

- ☐ Abnormal Pap smear
- ☐ Irregular periods
- ☐ Abnormal mammogram
- ☐ Abnormal breast ultrasound

WOMENS REPRODUCTIVE HISTORY

- Age of first period: _____
- Date of last period: _____
- Age of first pregnancy: _____

  # Pregnancies _____

  # Children _____
- Have you reached menopause? Yes ____ No ____ At what age? ____
- Do you have a hysterectomy or ovaries removed? Yes ____ No ____
- Do you take hormones or birth control pills? Yes ____ No ____