## Cape Surgery Center, LLC

## QUESTIONNAIRE

NAME:		FAMILY MEDICAL DOCTOR:		
DATE OF SURGERY:/	/	DOCTOR'S PHONE:		
SURGEON:				
AGE HEIGHT	_ WEIGHT _			
		(DAYTIME PHONE NUMI	BER)	
HAVE YOU HAD OR DO YOU HAV	YES NO		YES	NC
A cold or fever over 101° in past 2 weeks		Rheumatic fever		
Bronchitis or chronic cough		Heart murmur		
Asthma or hay fever		High blood pressure		
Pnuemonis or Tuberculosis		Low blood pressure		
Emphysema or Short of Breath		Chest pain, angina		
Any other lung problems		Heart attack		
Any blood transfusions		Irregular or fast heart beat		
Unusually high fevers		Anemia		
Sleep Apnea		Sickle cell disease		
Frequent leg cramps		Infectious mononucleosis		
Hiatal hernia or ulcer		Jaundice, hepatitis, liver disease		
Thyroid trouble		Diabetes		
Back pain or injury		Low blood sugar		
Slipped disc or sciatica		Kidney trouble		
Convulsions, epilepsy		Stroke		
Polio, paralysis, meningitis		Do you have an advance directive		
Have you ever had a reaction to or been		or living will?		
told by a physician that you have an allergy to any latex or natural-rubber products?		Do you smoke? Packs per day?		
Have you ever had itching, swelling, hives or trouble breathing when you use any of the following? Balloons, rubber gloves, hot water bottles, foam pillows, baby bottle nipples, pacifiers, condoms, birth control devices, erasers, dental dams, face masks, elections and control of the production of the control of the production of the control of the c		Do you drink alcoholic beverages? (circle) Daily, Occasionally, None		
water bottles, foam pillows, baby bottle nipples, pacifiers, condoms, birth control		Have you or your family had any bleeding problems?		
devices, erasers, dental dams, face masks, elastic bandages, elastic cuffs or waistband, ostomy bags, urinary catheters, rubber grips?		Have you or your family had an unusual reaction to anesthesia?		
Have you ever had itching, swelling, hives or trouble breathing when you ate the following?		Are you taking Aspirin, Ibuprofen, or a blood thinner?		
Bananas, avocado, kiwi or chestnuts?		Circle all that apply: full dentures, partial of loose teeth, crowns, caps, hearing aid(s), excontact lens, other prosthesis.		
List of Drug Allergies:	Reaction:			
List of previous operations and any complic	ations _			
2.50 of provides operations and any complic				
Are you an organ donor?		Continued on b	ack –	

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## LIST OF ALL MEDICATIONS INCLUDING OVER-THE-COUNTER, HERBAL AND VITAMINS

REASON FOR TAKING	FREQUENCY	DOSAGE	MEDICATION