

MRN: TODAY'S DATE:	UT Medicine San Antonio General & Minimally Invasive Surgery Patient self reported symptoms and History
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MEDICAL HISTORY:

	YES	NO
DO YOU HAVE DIABETES?		
DO YOU HAVE HEART DISEASE?		
DO YOU HAVE HIGH BLOOD PRESSURE?		
HAVE YOU HAD A STROKE?		
DO YOU HAVE ANY OTHER PROBLEMS YOUR DOCTOR FOLLOWS YOU FOR? IF YES, PLEASE LIST: _____ _____ _____ _____		

SURGICAL HISTORY:

HAVE YOU EVER HAD SURGERY? (CIRCLE) - If yes, please list and date below	YES	NO
ALL SURGERIES		
		DATE OF SURGERY

SOCIAL HISTORY:

Marital Status: _____ Occupation: _____

Alcohol use: YES NO If yes, how much do you drink per week? _____

Tobacco use: YES NO If yes, how many packs per day do you smoke? _____

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FAMILY HISTORY:

Please indicate close family members who had had the following:

Cancer: _____ Diabetes: _____
 Stroke: _____ High blood pressure: _____
 Heart Disease: _____ Other: _____

OBSTETRICAL AND GYNECOLOGIC HISTORY:

How many times have you been pregnant? _____ Are you currently pregnant? _____
 How many were vaginal deliveries? _____ How many were C-sections? _____
 What is the date of your last period? _____
 What is your menopausal status? (check the box) (Menopause = no period in last 12 months)
 Pre-menopausal Post-menopausal Somewhere in between

REVIEW OF SYSTEMS:

Please **circle** all of the following that apply to you. Write in any others not listed.

	Problems:	OTHER PROBLEMS
General	Fevers, chills, weight loss, malaise/fatigue, excessive perspiring/sweating, weakness	
Skin	Rash, itching	
Ear, nose, throat	Headaches, hearing loss, ringing in ears, ear pain, ear discharge, nosebleeds, congestion, sore throat, difficulty swallowing	
Eyes	Blurred vision, double vision, eye pain, excess sensitivity to light, eye discharge, eye redness	
Heart	Chest pain, palpitations, shortness of breath when laying flat, leg cramping with walking, leg swelling	
Lungs	Cough, coughing up blood, sputum production, shortness of breath, wheezing	
Stomach, intestines	Heartburn, nausea, vomiting, abdominal pain, diarrhea, constipation, blood in stool, dark tarry stool	
Genitourinary	Painful urination, frequent urination, increased urge to urinate, blood in urine, flank pain	
Muscles, bones	Muscle aches, neck pain, back pain, joint pain, falls	
Blood system	Easy bruising/bleeding, anemia, transfusions	
Neurological	Dizziness, tingling, tremor, sensory changes, speech change, focal weakness, seizures, loss of consciousness	
Psychiatric	Depression, suicidal ideas, substance abuse, hallucinations, nervous/anxious, insomnia, memory loss	