Gerig Surgical Associates, P.C. Medical Health History Form

Date of Birth:	Age:	_ Referring [Doctor:	Family Doc	tor:		
Γhe reason for my visit tod	ay is:						
Height:	Weight	:					
_	_			ot Duo □ lodin	• -	Challfigh	
<u>_ist Allergies or Reactions</u> ☐ Penicillin, ☐ Sulfa,					e, L	Shellfish,	
_ist all Prescribed and Non	-Prescribed M	edications. A	spirin. Vitamins. and	Supplements:		□ None	
Attached List - If you hav					n below		
Aspirin dose fre	equency	-	•				
Medication	Dosa	Eraguanav	Medication		Dose	Eraguanav	
Medication	Dose	Frequency	Medication		Dose	Frequency	
Personal Medical History:	Mark all that ap	ply to you.				ı	
Anemia	☐ Convulsion		☐ High Blood Pressu	ure □ Gast	rointestir	nal Disease	
Arthritis	☐ Heart Disea	ase	☐ High Cholesterol		n Polyps		
Asthma	□ Congestive	Heart Failure	☐ Kidney Disease	□ Reflu	ıx (GÉRI	O)	
☐ Blood Disorder	□ Pacemake	r	□ Cirrhosis		rs, Stoma	ach	
Blood Transfusion			☐ Prostate Problem				
Emphysema/COPD	•	ВС	□ Pancreatitis		hiatric C		
☐ Peripheral Vascular Diseas			☐ Thyroid Problems		rs/Woun		
□ Obesity □ Cancer – Type(s):	□ Sleep Apr		□ Covid19 Date:		ı vaccılı	e Date:	
Other/Additional Information:							
lave you had any Previous		□ Yes	□ No				
T 1		T =	D: 1. Y C				
Back Hip Right or Let	<u></u>	Lung Tonsillectom	Right or Left	Cesarear D & C	1		
Hip Right or Let Knee Right or Let		Sinus	y	Kidney			
Rotator Cuff Right or L		Heart Valve			Bladder		
Amputation	<u> </u>	Heart By-Pass			Vasectomy		
Carpal Tunnel Right of	or Left	Pacemaker		Prostate	Prostate		
Appendectomy		Heart Catheterization		Thyroid	Thyroid Right or Left		
Gallbladder Surgery		Stents in Heart			Craniotomy		
Hernia		Carotid Artery Right or Left			Ears		
**		Abdominal Aneurysm			Eye		
Upper Scope (EGD)		Varicose Vein Right or Left Arterial By-pass Right or Left			Wisdom Teeth		
Colonoscopy		Arterial Dr.	acc Pight or Laft	Dilonidal	cvet		
Colonoscopy Sigmoidoscopy				Pilonidal	cyst		
Colonoscopy Sigmoidoscopy Nissen		Breast	Right or Left	Pilonidal	cyst		
Colonoscopy Sigmoidoscopy		Breast Hysterectomy	Right or Left	Pilonidal	cyst		

(Please, turn over and complete back of form.)

(Related to this Visit)

Colon Cancer	Family History: First Degree Relat			□ Adopted					
Thyroid Problems	□ Colon Cancer	Other Cancer	Heart Disease						
Social History: Caffeine Use:	☐ Thyroid Problems	☐ Blood Disorder	Diabetes						
Caffeine Use: No Yes	☐ Crohn's/UC	□ Stroke	Other Medical Cond	ditions					
Constitutional (General) Gastrointestinal Integumentary (Skin/Breast) Loss of Weight Abdominal Pain Jaundice Fatigue Loss of Appetite Change in Moles Fever Bloating Sores/Ulcers Skin Night Sweats Indigestion/Heartburn Breast Discharge – Rt or Lt Eyes Vomiting Change in Vision – Rt or Lt Vomiting Blood Excessive burping Coughing Up Blood Ears, Nose, Mouth & Throat Constipation Shortness of Breath Difficulty Swallowing Diarrhea Wheezing Hard of Hearing Rectal Bleeding Wheezing Broken or Infected Teeth Change in Bowel Habits Endocrine Black Stools/Melena Hormone Problems Irregular Heart Beat Neurological Hort Intolerance Chest Pain Confusion/Disorientation Uncontrolled Diabetes Swelling in Legs Confusion/Disorientation Psychological symptoms Swelling in Legs Dementia Anxiety Prignant/ Weeks Depression Incontinence/Dribblin	Caffeine Use: □ No □ Yes Alcohol Use: □ Never □ Social/ Illegal Drug Use: □ Never □ Yes Tobacco Use: □ Never □ Yes Smoł Marital Status: □ Single □ M	Rare	day or fewer)	2 drinks/day					
Fatigue	System Review: Mark the ones you	currently are having.							
Fatigue	Constitutional (General)	<u>Gastrointestinal</u>	Integumentary (Skin/Breas	<u>st)</u>					
Night Sweats		Abdominal Pain	□ Jaundice						
Night Sweats		Loss of Appetite	Change in Moles						
Nausea		□ Bloating	Sores/Ulcers Skin						
Change in Vision – Rt or Lt	□ Night Sweats	☐ Indigestion/Heartburn	□ Breast Discharge – Rt						
Change in Vision – Rt or Lt Conditing Blood Excessive burping Excessive burping Coughing Up Blood Excessive burping Coughing Up Blood Shortness of Breath Difficulty Swallowing Diarrhea Black Bleeding Broken or Infected Teeth Black Stools/Melena Cardiovascular Hemorrhoids Hemorrhoids Hemorrhoids Hemorrhoids Hemorrhoids Black Stools/Melena Black Stools/Melena Hemorrhoids Hormone Problems Cold Intolerance Cold Intolerance Cold Intolerance Cold Intolerance Confusion/Disorientation Fainting Dementia Anxiety Pregnant/ Weeks Abnormal Menses Musculoskeletal Depression Erectile Dysfunction Blood in Urine Testicular Lump – Rt or Lt Womiting Blood Respiratory Counsting Up Blood Shortness of Breath Wheezing Endocrine Blood Intolerance Cold Intolerance Cold Intolerance Cold Intolerance Cold Intolerance Desity Uncontrolled Diabetes Psychiatric Anxiety Psychological symptoms Depression Excessive Stress Excessive Stress Enectile Dysfunction Difficulty Walking Painful Urination Blood in Urine Testicular Lump – Rt or Lt My signature below certifies the above to be correct to the best of my knowledge and that any errors will be my responsibility alone:			□ Breast Lump – Rt or Lt						
Ears, Nose, Mouth & Throat									
Ears, Nose, Mouth & Throat □ Constipation □ Shortness of Breath □ Difficulty Swallowing □ Diarrhea □ Wheezing □ Hard of Hearing □ Rectal Bleeding □ Hormone Problems □ Broken or Infected Teeth □ Black Stools/Melena □ Hormone Problems Cardiovascular □ Hemorrhoids □ Hot Intolerance □ Chest Pain □ Cold Intolerance □ Irregular Heart Beat Neurological □ Uncontrolled Diabetes □ Swelling in Legs □ Confusion/Disorientation □ Tremors Psychiatric □ Swelling in Legs □ Dementia □ Anxiety □ Psychological symptoms □ Pregnant/ □ Weeks □ Depression □ Depression □ Depression □ Excessive Stress □ Incontinence/Dribbling □ Back Pain □ Excessive Stress □ Excessive Stress □ Erectile Dysfunction □ Difficulty Walking □ Blood in Urine □ Enlarged Glands □ Testicular Lump - Rt or Lt ■ Enlarged Glands My signature below certifies the above to be correct to the best of my knowledge and that any errors will be my responsibility alone:	□ Change in Vision – Rt or Lt	Vomiting Blood	<u>Respiratory</u>						
□ Difficulty Swallowing □ Diarrhea □ Wheezing □ Hard of Hearing □ Rectal Bleeding □ Broken or Infected Teeth □ Change in Bowel Habits Endocrine □ Chast Pain □ Hormone Problems □ Irregular Heart Beat Hemorrhoids □ Hot Intolerance □ Cold Intolerance □ Cold Intolerance □ Swelling in Legs □ Desity □ Uncontrolled Diabetes □ Swelling in Legs □ Confusion/Disorientation □ Tremors Psychiatric □ Genitourinary □ Dementia □ Anxiety □ Psychological symptoms □ Abnormal Menses Musculoskeletal □ Depression □ Excessive Stress □ Incontinence/Dribbling □ Back Pain □ Excessive Stress □ Excessive Stress □ Painful Urination □ Joint Pain/Stiffness □ Hematological/Lymphatic □ Enlarged Glands □ Testicular Lump - Rt or Lt Will be my responsibility alone:		Excessive burping	Coughing Up Blood						
Hard of Hearing			Shortness of Breath						
Broken or Infected Teeth Change in Bowel Habits Endocrine Black Stools/Melena Hormone Problems Cardiovascular Hemorrhoids Hot Intolerance Chest Pain Cold Intolerance Irregular Heart Beat Neurological Obesity Heart Palpitations Fainting Uncontrolled Diabetes Swelling in Legs Confusion/Disorientation Tremors Psychiatric Genitourinary Dementia Anxiety Pregnant/Weeks Psychological symptoms Incontinence/Dribbling Back Pain Excessive Stress Erectile Dysfunction Difficulty Walking Painful Urination Joint Pain/Stiffness Hematological/Lymphatic Blood in Urine Enlarged Glands My signature below certifies the above to be correct to the best of my knowledge and that any errors will be my responsibility alone:		Diarrhea	☐ Wheezing						
Black Stools/Melena Hormone Problems Cardiovascular Hemorrhoids Hot Intolerance Chest Pain Cold Intolerance Irregular Heart Beat Neurological Obesity Heart Palpitations Fainting Uncontrolled Diabetes Swelling in Legs Confusion/Disorientation Tremors Psychiatric Pregnant/ Weeks Psychological symptoms Anxiety Psychological symptoms Abnormal Menses Musculoskeletal Depression Incontinence/Dribbling Back Pain Excessive Stress Erectile Dysfunction Difficulty Walking Painful Urination Joint Pain/Stiffness Hematological/Lymphatic Blood in Urine Enlarged Glands Testicular Lump - Rt or Lt My signature below certifies the above to be correct to the best of my knowledge and that any errors will be my responsibility alone:	•	Rectal Bleeding							
Cardiovascular Hemorrhoids Hot Intolerance Chest Pain Cold Intolerance Irregular Heart Beat Neurological Obesity Heart Palpitations Fainting Uncontrolled Diabetes Swelling in Legs Confusion/Disorientation Swelling in Legs Psychiatric Genitourinary Dementia Anxiety Pregnant/Weeks Psychological symptoms Abnormal Menses Musculoskeletal Depression Incontinence/Dribbling Back Pain Excessive Stress Erectile Dysfunction Difficulty Walking Painful Urination Joint Pain/Stiffness Hematological/Lymphatic Blood in Urine Enlarged Glands My signature below certifies the above to be correct to the best of my knowledge and that any errors will be my responsibility alone:	□ Broken or Infected Teeth								
□ Chest Pain □ Cold Intolerance □ Irregular Heart Beat Neurological □ Obesity □ Heart Palpitations □ Fainting □ Uncontrolled Diabetes □ Swelling in Legs □ Confusion/Disorientation □ Tremors □ Psychiatric □ Genitourinary □ Dementia □ Anxiety □ Pregnant/ Weeks □ Depression □ Incontinence/Dribbling □ Back Pain □ Excessive Stress □ Erectile Dysfunction □ Difficulty Walking □ Painful Urination □ Joint Pain/Stiffness Hematological/Lymphatic □ Blood in Urine □ Enlarged Glands My signature below certifies the above to be correct to the best of my knowledge and that any errors will be my responsibility alone:		□ Black Stools/Melena	Hormone Problems						
Irregular Heart Beat	<u>Cardiovascular</u>	Hemorrhoids	☐ Hot Intolerance						
Heart Palpitations	□ Chest Pain		 Cold Intolerance 						
□ Swelling in Legs □ Confusion/Disorientation □ Tremors □ Psychiatric □ Anxiety □ Pregnant/ Weeks □ Psychological symptoms □ Depression □ Incontinence/Dribbling □ Back Pain □ Excessive Stress □ Painful Urination □ Difficulty Walking □ Painful Urination □ Joint Pain/Stiffness □ Enlarged Glands □ Enlarged Glands □ Wy signature below certifies the above to be correct to the best of my knowledge and that any errors will be my responsibility alone:	□ Irregular Heart Beat	<u>Neurological</u>	□ Obesity						
Genitourinary Dementia Anxiety Pregnant/Weeks Psychological symptoms Abnormal Menses Musculoskeletal Depression Incontinence/Dribbling Back Pain Excessive Stress Erectile Dysfunction Difficulty Walking Painful Urination Joint Pain/Stiffness Hematological/Lymphatic Blood in Urine Enlarged Glands My signature below certifies the above to be correct to the best of my knowledge and that any errors will be my responsibility alone:	☐ Heart Palpitations	□ Fainting	 Uncontrolled Diabetes 						
Genitourinary	☐ Swelling in Legs	Confusion/Disorientation							
Pregnant/Weeks		□ Tremors	<u>Psychiatric</u>						
 □ Abnormal Menses □ Incontinence/Dribbling □ Back Pain □ Excessive Stress □ Excessive Stress □ Painful Urination □ Blood in Urine □ Testicular Lump − Rt or Lt ■ My signature below certifies the above to be correct to the best of my knowledge and that any errors will be my responsibility alone: 	<u>Genitourinary</u>	□ Dementia	□ Anxiety						
□ Incontinence/Dribbling □ Back Pain □ Excessive Stress □ Erectile Dysfunction □ Difficulty Walking □ Painful Urination □ Joint Pain/Stiffness □ Hematological/Lymphatic □ Blood in Urine □ Enlarged Glands □ Testicular Lump − Rt or Lt My signature below certifies the above to be correct to the best of my knowledge and that any errors will be my responsibility alone:	□ Pregnant/Weeks		 Psychological symptor 	ns					
□ Erectile Dysfunction □ Difficulty Walking □ Painful Urination □ Joint Pain/Stiffness Hematological/Lymphatic □ Blood in Urine □ Enlarged Glands □ Testicular Lump − Rt or Lt My signature below certifies the above to be correct to the best of my knowledge and that any errors will be my responsibility alone:		<u>Musculoskeletal</u>	□ Depression						
□ Erectile Dysfunction □ Difficulty Walking □ Painful Urination □ Joint Pain/Stiffness Hematological/Lymphatic □ Blood in Urine □ Enlarged Glands □ Testicular Lump − Rt or Lt My signature below certifies the above to be correct to the best of my knowledge and that any errors will be my responsibility alone:	□ Incontinence/Dribbling	□ Back Pain	Excessive Stress						
□ Painful Urination □ Joint Pain/Stiffness Hematological/Lymphatic □ Blood in Urine □ Enlarged Glands □ Testicular Lump − Rt or Lt My signature below certifies the above to be correct to the best of my knowledge and that any errors will be my responsibility alone:	_	□ Difficulty Walking							
□ Blood in Urine □ Enlarged Glands □ Testicular Lump − Rt or Lt My signature below certifies the above to be correct to the best of my knowledge and that any errors will be my responsibility alone:		, .	Hematological/Lymphatic						
☐ Testicular Lump – Rt or Lt My signature below certifies the above to be correct to the best of my knowledge and that any errors will be my responsibility alone:									
responsibility alone:			. 3						
Patient Signature: Date:									
	Patient Signature:		Date:						