North Shore Surgical Specialists Patient Medical History Form

Please fill in the first two pages of the form if you are a new patient or have not been seen in our office in over one (1) year.

Today's Date ____________________

Name (Last, First) ____________________ Phone ____________________

Street Address: ____________________ City: ____________________ Zip: ____________________

Date of Birth ____________________ Referring Physician ____________________

CHIEF COMPLAINT: ____________________

Doctors Notes:

HISTORY OF PRESENT ILLNESS:

Location of problem:

Approximate date when it began: _____ / _____ / _____

Describe the pain (if any): ____________________

Is it getting worse: Y N

Is it associated with anything else: ____________________

BREAST HISTORY:

Your race: White / Black / Asian

Your age in Years: ________

Age when you had your first period: _____

Last menstrual Period: __________

Age at Menopause: ________

Age when you first gave birth: ________

Number of Pregnancies: _____

Number of Children: ________

Number of mother/ sister (s)/ daughter (s) with breast Cancer: ______________

Number of breast biopsies you have had: _____

Have you had cysts aspirated: Yes / No

Have you ever been diagnosed with atypical hyperplasia on a breast biopsy: Yes / No

Nipple Discharge: Yes / No If Yes was it spontaneous: Yes / No

Which side was the discharge on: Right / Left / Both

What was the color of the discharge: ____________

Are you on Hormone Replacement Therapy (HRT): Yes / No

Do you take Oral Contraceptives (OCP): Yes / No

If so for how many years: _____

PAST MEDICAL HISTORY:

Past Surgery with dates: ____________________

Allergies to drugs: ____________________

List all Medications: ____________________

MEDICAL PROBLEMS:

Kidney disease: ____________________

Heart disease: ____________________

Liver disease: ____________________

Lung disease: ____________________

Diabetes: ____________________

High blood Pressure: ____________________

Gastrointestinal problems: ____________________

Neurological problems: ____________________

Orthopedic problems: ____________________

Psychiatric problems: ____________________

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Doctors Notes:

SOCIAL HISTORY:

Tobacco N Y how much: ____________

Alcohol N Y how much: ____________

Occupation: ____________

FAMILY HISTORY: Health Status

Mother: ____________

Father: ____________

REVIEW OF SYSTEMS:

HEAD/EYE/EARS/NOSE/THROAT:

Ear infections	Y	N
Sinus problems	Y	N
Sore throat	Y	N

Other: ____________

CARDIOVASCULAR:

Chest pain	Y	N
Palpitations	Y	N
Murmur	Y	N

Other: ____________

RESPIRATORY

Wheezing	Y	N
Frequent cough	Y	N
Shortness of breath	Y	N
Asthma	Y	N

Other: ____________

GASTROINTESTINAL:

Abdominal pain	Y	N
Nausea/Vomiting	Y	N
Indigestion/Heartburn	Y	N

Other: ____________

GENITOURINARY:

Nighttime Urination	Y	N
Blood in urine	Y	N
Painful urination	Y	N
Urinary frequency	Y	N

Other: ____________

GYNECOLOGICAL:

Last menstrual period:____/____/____

Painful menstruation	Y	N
Heavy flow	Y	N

Other: ____________

ORTHOPEDIC

Joint pain	Y	N
Neck pain	Y	N
Back pain	Y	N
Any joint replacement	Y	N

if yes, which one ____________

NEUROLOGICAL:

Tremors	Y	N
Dizzy spells	Y	N
Numbness/Tingling	Y	N

Other: ____________

PSYCHIATRIC:

Depression	Y	N
Panic attacks	Y	N

Other: ____________

Any other comments: ____________

North Shore Surgical Specialists Patient Physical Form

Date:

PHYSICAL EXAM:

Pulse: ________ **Resp:** ________ **BP:** ____________ **Temp:** __________ **Ht:**__________ **Wt:** __________

HEENT - Normocephalic __
Aniceteric __
Ext. ear normal __
EOM's Intact __

Lymphatic - Cervical __
Supraclavicular __
Axillary __
Inguinal __

Skin - No abnormal lesions __

Neck - No masses __
No Thyromegaly __

Lungs - Clear of A & P __

Cardiac - Reg R & R __

Breast - Symmetrical __
No discharge __
No masses __
Normal skin __
Nontender __
Breast exam in upright and supine __

Abdomen - Soft, non-tender, no masses __
Liver, Spleen & kidneys not felt __
Bowel sounds normal __
No Distension __

GU - Female - Normal external genitalia __
Pelvic deferred __

GU - Male - Normal testicles, cord and shaft__

Rectal - Normal Tone __
No fissures __
No Hemorrhoids __
Anoscopy
Sigmoidoscopy

Neuro - Cranial Nerves Grossly intact __
Normal gait __

Muscular - Normal strength __
1. Ext: No Clubbing __
2. No Cyanosis __
3. No Edema __

Psychiatric - Oriented to time, place and person __
Good understanding of consultation __

Abnormal Finding

LAB TESTS:

IMPRESSION: ______________________________

TREATMENT: ______________________________

PLAN: ______________________________

FOLLOW-UP: ______________________________

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