

SURGICAL ASSOCIATES OF SUSSEX COUNTY, PA
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NEW PATIENT CLINICAL REVIEW

Today's Date _____

Please Print and Fill Out Completely (Please use reverse side, if necessary)

Patient's Name _____ Date of Birth ____/____/____ Age _____

Patient's Height _____ Weight _____ Referred by _____

Please list all current medications and doses _____

Please list any current medical conditions: _____

Please list any medications that you are allergic to and specify type of reaction. _____

List all previous surgeries you have had with the dates and place of surgery:

Operation

Where

Date

List any serious illnesses you have had in the past. _____

Do you smoke: **Y** **N** If yes, how many packs per day? _____ How much alcohol do you drink per week? _____

Please list any significant family illnesses: Mother _____

Father _____ Other _____

What is your occupation? _____

Please give us any additional information that you feel is important to your healthcare. _____

DO YOU HAVE OR HAVE EVER HAD

Constitutional:

- ___ chronic fevers
- ___ unplanned weight loss
- ___ fatigue
- ___ memory loss

Eyes:

- ___ cataracts
- ___ glaucoma
- ___ retinopathy
- ___ blindness

ENT:

- ___ ear infections
- ___ hearing problems
- ___ sinus problems
- ___ dental problems
- ___ bleeding gums
- ___ hoarseness
- ___ swallowing difficulties

Cardiovascular:

- ___ high blood pressure
- ___ heart attack
- ___ irregular heartbeat
- ___ heart failure
- ___ chest pain
- ___ heart murmur
- ___ heart valve problems
- ___ stress test
- ___ stroke

___ pacemaker

___ arteriogram

___ take coumadin

Pulmonary:

- ___ chronic cough
- ___ asthma
- ___ wheezing
- ___ emphysema
- ___ shortness of breath
- ___ pulmonary embolus

Gastrointestinal:

- ___ abdominal pain
- ___ chronic nausea
- ___ chronic vomiting
- ___ chronic diarrhea
- ___ change in stool size
- ___ rectal pain
- ___ rectal bleeding
- ___ ulcers

GU (Male)

- ___ blood in urine
- ___ prostate problems
- ___ PSA
- ___ difficulty voiding
- ___ testicular pain or masses

Female

- ___ blood in urine
- ___ incontinence

___ urinary tract infection

___ painful urination

___ age-first period

___ age-first pregnancy

___ hormone therapy

___ last period

___ nipple discharge

___ last mammogram

Integumentary:

- ___ rashes
- ___ skin cancer

Musculoskeletal:

- ___ back pain
- ___ joint pain
- ___ joint swelling

Neurologic:

- ___ seizures
- ___ numbness
- ___ headaches

Psychiatric:

- ___ anxiety
- ___ depression
- ___ schizophrenia

Endocrine:

- ___ diabetes
- ___ thyroid
- ___ cholesterol

Hematologic:

- ___ anemia
- ___ swollen glands
- ___ blood disorders

Immunologic:

- ___ steroid usage
- ___ chemotherapy
- ___ radiation therapy