

Patient History Form

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New Established

Demographics

First Name: _____ Last Name: _____ Middle: _____

Date of Birth: ____ / ____ / ____ Age _____ Sex: Female Male

Today's Visit

Today's Date: ____ / ____ / ____

Who referred you: _____

Reason for Today's Visit:

PCP:

Same as referring

Allergies

List Any Known Drug Allergies: _____

Current Medications

See list

Medication	Dose	Frequency	Medication	Dose	Frequency

Past Medical History (please check all appropriate boxes)

General

- No active medical problems
- Alcohol / drug abuse
- Anti-Coagulation treatment
- Anxiety
- Chronic pain
- Chronic pain medication use
- Drug abuse
- DVT - blood clot
- Fibromyalgia
- Sleep Apnea

Heart / Lungs

- Angina
- Arrhythmia
- Asthma
- Atrial Fibrillation
- COPD
- History of Heart Attack
- Hypertension
- Murmur
- Valvular heart disease

Gastrointestinal

- Anal Fissure
- Anal Fistula
- Bowel obstruction
- Chronic Constipation
- Colon Polyps
- Crohn's Disease
- Diverticulitis
- Hemorrhoids
- Irritable Bowel Syndrome
- GERD (Esophageal reflux)
- GI Bleed
- Peptic Ulcer Disease
- Ulcerative colitis
- _____
- _____

Miscellaneous

- Aids / HIV
- Alzheimer's
- Anemia
- Arthritis
- Autoimmune disease
- Cirrhosis - Liver Disease
- Diabetes - Type I
- Diabetes - Type II
- Hepatitis - A
- Hepatitis - B
- Hepatitis - C
- Kidney Disease
- Neurological disorder
- Osteoporosis
- Stroke
- Thyroid - Hyperthyroid
- Thyroid - Hypothyroid
- _____

Cancer

- Bladder
- Bone
- Breast
- Cervical
- Colon
- Esophagus
- Leukemia
- Lung
- Mouth / Throat
- Ovarian
- Prostate
- Rectal
- Skin
- Stomach
- Uterine
- Prior Radiation treatment
- _____
- _____

Past Surgical History (please check all appropriate boxes)

General:

- No Prior surgery
- Anesthesia problems- No
- Anesthesia problems- Yes
- Surgical complications -No
- Surgical complications - Yes
- Post op delerium

Gastrointestinal:

- Appendectomy
- Anal Fissure
- Anal Fistula
- Bowel obstruction
- Colon resection - Cancer

Gastrointestinal:

- Colon resection - Other
- Gallbladder - Open
- Gallbladder - Laparoscopic
- Hemorrhoidectomy
- Rectal surgery
- Stomach surgery

GYN:

- C-Section
- D & C
- Hysterectomy with ovaries
- Hysterectomy alone
- Pelvic Floor
- Bladder

Cardio / Pulmonary

- Aortic valve
- CABG
- Cardiac Cath
- Cardiac stent
- Carotid
- Endovascular stent
- Lung Surgery
- Mitral valve

Orthopedic

- Back Surgery
- Hip replacement
- Knee arthroscopy
- Knee replacment
- Neck surgery

Miscellaneous:

- Breast
- Inguinal hernia - open
- Inguinal hernia - laparoscopic
- Incisional hernia
- Kidney surgery
- Mastectomy
- Prostatectomy
- Tonsillectomy
- TURP
- Umbilical hernia
- Vascular surgery
- _____
- _____

Family History (please check all appropriate boxes)

- None
- Alcoholism
- Anesthetic complications
- Anxiety
- Blood clots
- Colon Polyps
- Crohn's disease
- Depression

- Diabetes
- Heart disease
- Ulcerative colitis
- _____
- _____
- _____

Cancer

- Breast
- Cervical
- Colon
- Esophagus
- Leukemia
- Lymphoma

Cancer

- Lung
- Mouth / Throat
- Ovarian
- Prostate
- Rectal

Cancer

- Skin
- Stomach
- Uterine
- _____
- _____

Social History / Risk Factors (please check all appropriate boxes)

Marital Status

- Single
- Married
- Significant other
- Widowed

Living situation

- Live alone
- Live with family
- Live with caregiver
- Assisted Living

Occupation

- Employed full time
- Employed Part time
- Self employed
- Disabled
- Homemaker
- Retired
- Student
- Unemployed
- _____

Tobacco Use

- Never smoked
- Current every day
- Occasional use
- Former smoker
- Smokeless tobacco

Drug use HIV high risk behavior

- Yes Yes
- No No

Alcohol Use

- No
- Yes
- Drinks per day
- Less than 1
- 1
- 2
- 3
- 4
- 5 or more

Risk factors for Colon Cancer (please check all appropriate boxes)

History

- Prior history polyp - adenoma or villous adenoma
- Prior history of Colon / Rectal cancer
- Father with colon cancer
- Mother with colon cancer
- Sibling with colon cancer
- Child with colon cancer
- Family history of colon polyps
- Chronic Ulcerative colitis

Last Colonoscopy

- Never
- 1 year 6 years
- 2 years 7 years
- 3 years 8 years
- 4 years 9 years
- 5 years 10 or more

Colonoscopy Results

- Normal
- Adenomatous polyp
- Hyperplastic polyp
- Villous adenomatous polyp
- Diverticulosis
- Cancer
- _____

Review of Systems: Please check any recent symptoms you may have. If you do not have any please check none

General:

- None
- Fever
- Chills
- Sweats
- Anorexia (loss of appetite)
- Fatigue
- Malaise
- Weight loss

Gastrointestinal:

- None
- Abdominal pain
- Anal / rectal pain
- Anal Itching
- Nausea
- Vomiting
- Change in bowel movements
- Constipation
- Diarrhea
- Rectal bleeding - hematochezia
- Melena - black tarry stool
- Gas / bloating
- Indigestion / heartburn
- Dysphagia - difficulty swallowing
- Odynophagia - painful swallowing

Breast:

- None
- Left breast lump
- Right breast lump
- Nipple discharge
- Bloody discharge from nipple
- Breast pain
- Abnormal mammogram
- Breast enlargement

Cardiovascular

- None
- Chest pain
- Palpitations
- Syncope - passing out
- Peripheral edema

Respiratory

- None
- Cough
- Shortness of breath
- Hemoptysis - coughing up blood
- Wheezing
- Pleuritic chest pain

Genitourinary - Female:

- None
- Vaginal discharge
- Incontinence
- Painful urination - dysuria
- Blood in urine - hematuria
- Urinary frequency
- Abnormal vaginal bleeding
- Pelvic pain
- Pregnant

Genitourinary - Male

- None
- Painful urination - dysuria
- Blood in urine - hematuria
- Discharge
- Urinary frequency
- Urinary hesitancy
- Nocturia
- Incontinence
- Erectile dysfunction

Dermatology - Skin

- None
- Suspicious lesions
- New skin lesions
- Rash
- Itching
- History of skin cancer

Neurologic:

- None
- Paralysis
- Paresthesias - numbness
- Seizures
- Frequent headaches

Psychiatric:

- None
- Depression
- Anxiety
- Memory loss
- Suicidal ideation
- Hallucinations
- Paranoia
- Phobia
- Confusion
- Emotional instability

Endocrine:

- None
- Heat / cold intolerance
- Polydipsia
- Polyphagia
- Polyuria

Hematology:

- None
- Abnormal bruising
- Bleeding
- Enlarged lymph nodes

Musculoskeletal:

- None
- Back Pain
- Sciatica
- Arthritis