

# HUNTERDON SURGICAL ASSOCIATES, PA

## PATIENT HEALTH HISTORY

PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

**PLEASE LIST YOUR PREVIOUS SURGERIES**

Date	Procedure	Date	Procedure

**PLEASE LIST ALL CURRENT MEDICATIONS**

Medication	MG	Medication	MG

**PLEASE LIST YOUR DRUG ALLERGIES**

Drug	Reaction	Drug	Reaction

ANY INPLANTED DEVICES - PACEMAKER \_\_\_ DEFRIBILLATOR \_\_\_ JOINT REPLACEMENT \_\_\_

DO YOU HAVE A HISTORY OF:

CORONARY ARTERY DISEASE \_\_\_ DIABETES \_\_\_ HYPERTENSION \_\_\_ ASTHMA \_\_\_

SLEEP APNEA \_\_\_ HIGH CHOLESTEROL \_\_\_ PULMONARY DISEASE \_\_\_

ANY OTHER CHRONIC MEDICAL PROBLEMS

DO YOU CURRENTLY SMOKE \_\_\_ N \_\_\_ Y \_\_\_ PACKS PER DAY \_\_\_ X \_\_\_ YEARS

FORMER SMOKER \_\_\_ N \_\_\_ Y HOW LONG SINCE YOU QUIT \_\_\_\_\_

DO YOU CONSUME ALCOHOL \_\_\_\_\_ SOCIALLY \_\_\_\_\_ DAILY \_\_\_\_\_ NONE