

OAK TREE SURGERY CENTER

1931 Oak Tree Rd. Edison, NJ 08820
Tel: (732) 603-8603 Fax: (732) 603-8634

ADULT - PATIENT MEDICAL HISTORY QUESTIONNAIRE

Name:	Date of Birth:	Age:	Height:	Weight:
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Date of Procedure: _____ Allergy / Reactions: _____

Past operations you have had and their dates: _____

Past hospitalizations and diagnosis: _____

1. Do you have a first degree relative (mother/father, brother/sister, child) with colorectal, endometrial, or ovarian cancer before age 50? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe _____
2. Have you had colorectal cancer, endometrial, or ovarian cancer before age 50 or any of these cancers more than once? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe _____
3. Do you have 3 or more relatives with colorectal, endometrial, or ovarian cancer (any combination)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe _____

YES NO Have you or anyone in your family experienced malignant hyperthermia / complications with anesthesia? If YES, please describe: _____

YES NO Recent cold or flu? If YES, when? _____

YES NO Do you smoke? cigarette cigar If YES, how long? _____ How many packs a day? _____

YES NO Do you vape? If YES, how long? _____ How many times a day? _____

YES NO Do you take recreational drugs? – *important as it may impact your anesthesia care*
Please list (e.g. marijuana, cocaine): _____ How often? _____

YES NO Do you drink alcohol? If YES, how often? _____ How much? _____

YES NO Do you have loose teeth, caps, partial bridge, or dentures?

YES NO Do you have lung disease, asthma, bronchitis, or emphysema?
Last time you were wheezing? _____

YES NO Do you have sleep apnea? If YES, do you use a CPAP machine? YES NO

YES NO Do you experience shortness of breath upon climbing up a flight of stairs or less?

YES NO Have you had a heart attack? If YES, when? _____
Have you seen your cardiologist in the last 3 months? YES NO

YES NO Do you have any cardiac stents? If YES, when? _____ How many? _____
Have you seen your cardiologist in the last 3 months? YES NO

- YES NO Do you have congestive heart failure?
If YES, have you seen your cardiologist in the last 3 months? YES NO
- YES NO Do you have angina or chest pain? If YES, how often? _____
Have you seen your cardiologist in the last 3 months? YES NO
- YES NO Have you had a past stress test or cardiac catheterization?
If YES, when and what were the results? _____
- YES NO Do you have high blood pressure? If YES, are you taking medication? YES NO
- YES NO Do you have high cholesterol? If YES, are you taking medication? YES NO
- YES NO Have you ever had a stroke? If YES, when? _____
- YES NO Do you have anemia, sickle cell, or other blood diseases?
If YES, describe: _____
- YES NO Do you have diabetes? If YES, describe: _____
- YES NO Do you have any thyroid problems? If YES, describe: _____
- YES NO Do you have any liver problems? If YES, describe: _____
- YES NO Do you have epilepsy or seizures? If YES, describe: _____
- YES NO Do you have headaches, migraines, back or neck pain? If YES, describe: _____

- YES NO Do you have any weakness or numbness in a limb? If YES, describe: _____
- YES NO Do you have any excessive bleeding or bruising? (e.g. nosebleed) If YES, describe: _____

- YES NO Do you have a hiatal hernia?
- YES NO Do you have arthritis or any rheumatological disease?
- YES NO Do you have any other significant illness(es)? If YES, describe: _____

- YES NO FEMALE PATIENTS: Could you be pregnant?

- YES NO Has your Medical Doctor (family doctor / primary care doctor) cleared you for your procedure?
Medical Doctor name: _____
- YES NO If you have heart disease, has your cardiologist cleared you for your procedure?
Cardiologist name: _____

I understand that I am not to eat, or drink as instructed prior to the day of my procedure unless instructed otherwise by the surgery center staff. I also understand that I must have a responsible adult to accompany me home (NO taxi service will be permitted) after discharge from Oak Tree Surgery Center.

Patient Signature

Date