



Please submit this form via FAX at (484) 821-0559, EMAIL to schedulingcss@surgerypartners.com or MAIL to 2851 Baglyos Circle, Suite 100 Bethlehem, PA 18020. If you have any questions, please call us at (484) 821-0550.

2851 Baglyos Circle, Suite 100, Bethlehem, PA 18020
Tel: 484.821.0550 • Fax: 484.821.0559

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Person taking you home: \_\_\_\_\_

Phone#: \_\_\_\_\_

PATIENT HEALTH HISTORY

This form must arrive at least 7 days prior to your scheduled surgery date. Please place a CHECKMARK (✓) next to any medical illness which applies.

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: [ ] Male [ ] Female

HEART

- [ ] Blood vessel surgery [ ] Coronary heart disease [ ] Heart stents [ ] Heart surgery [ ] Aneurysm surgery [ ] Heart attack/MI
[ ] Valve problems [ ] Pacemaker [ ] High blood pressure [ ] Defibrillator/AICD [ ] Chest pain/angina [ ] Other: \_\_\_\_\_

LUNGS

- [ ] Asthma [ ] Bronchitis [ ] Wheezing [ ] Oxygen at home [ ] Shortness of breath [ ] Emphysema/COPD
[ ] High blood pressure in lungs/pulmonary hypertension [ ] Cold within last month [ ] Sleep apnea: [ ] CPAP [ ] BiPAP
[ ] Upper respiratory/sinus infection [ ] Unable to walk up 1 flight of stairs without stopping [ ] Other: \_\_\_\_\_

ANESTHESIA HISTORY

- [ ] Previous problems with anesthesia or surgery [ ] History of malignant hyperthermia; includes you or ANY blood relatives
[ ] Problems with placement of a breathing tube [ ] Breathing problems with anesthesia [ ] Severe nausea/vomiting

KIDNEYS

- [ ] Dialysis [ ] Kidney Failure [ ] Infection [ ] Stones [ ] Other: \_\_\_\_\_

CIRCULATORY

- [ ] Poor circulation [ ] Clots/phlebitis [ ] Carotid disease [ ] Other: \_\_\_\_\_

ENDOCRINE

- [ ] Diabetes- treated with: [ ] Oral medication [ ] Insulin [ ] Pump [ ] Thyroid: [ ] Underactive [ ] Overactive [ ] Other: \_\_\_\_\_

LIVER

- [ ] Yellow jaundice [ ] Hepatitis [ ] Cirrhosis [ ] Mono [ ] Other: \_\_\_\_\_

NERVOUS SYSTEM

- [ ] Dementia [ ] Stroke [ ] Seizures [ ] Alzheimer's diagnosis [ ] Multiple sclerosis
[ ] Myasthenia gravis [ ] ALS [ ] Parkinson's diagnosis [ ] Other: \_\_\_\_\_

PSYCHIATRIC

- [ ] Depression [ ] Anxiety [ ] OCD [ ] Panic attacks [ ] Bipolar [ ] Schizophrenia [ ] Other: \_\_\_\_\_

GASTROINTESTINAL

- [ ] Hiatal hernia [ ] Acid reflux [ ] GERD [ ] Ulcers [ ] Other: \_\_\_\_\_

MUSCLES/JOINTS

- [ ] Difficulty moving neck/arthritis [ ] Neck surgery [ ] Scoliosis [ ] Jaw issues/ trouble opening mouth [ ] Other: \_\_\_\_\_

PREGNANCY

Any chance of being pregnant? [ ] Yes [ ] No

PIERCINGS: (all piercings to be removed)

- [ ] Mouth [ ] Face [ ] Other: \_\_\_\_\_

OTHER

- [ ] Transplant [ ] Cancer [ ] Chemotherapy [ ] Radiation [ ] Glaucoma [ ] COVID-19 [ ] HIV/AIDS [ ] Steroids in last 6 months
[ ] Tobacco: Smoke \_\_\_\_\_ packs/day for the past \_\_\_\_\_ years. Quit in \_\_\_\_\_
[ ] Alcohol (circle one): Social Daily Quit in: \_\_\_\_\_ Other: \_\_\_\_\_
[ ] Illicit Drugs (circle all that apply): Marijuana Cocaine IV Drugs Other: \_\_\_\_\_

PEDIATRIC PATIENTS ONLY

- [ ] Premature childbirth [ ] Childhood asthma [ ] Childhood obesity [ ] Normal development & activity [ ] Very loose teeth
[ ] Problems with anesthesia [ ] Cold, respiratory infection prior 4 weeks [ ] Muscle, neurologic disease [ ] Other: \_\_\_\_\_

Allergies to Medications/Latex/Seafood with reactions

Past surgical history & year:

Blank lines for entering allergies and past surgical history.

Form reviewed by nurse: \_\_\_\_\_ Date \_\_\_\_\_