RUSH UNIVERSITY MEDICAL CENTER

Rush University Surgeons

Patient Name: _____ **Age:** _____ **Date:** _____

Chief complaint: _____

Personal Medical History: Have you ever had any of the following conditions? (Circle if yes)

Anemia	Depression	Hypertension
Arthritis	Diabetes Mellitus	Kidney Disease
Asthma	Emphysema	Myocardial Infraction
Cancer	Endocrine Problems	Peptic Ulcer Disease
Chronic Obstructive Pulmonary Disease	GERD	Seizures
Clotting Disorder	Glaucoma	Stroke
Congestive Heart Failure	Hepatitis	Ulcerative Colitis
Crohns Disease	HIV/AIDS	

Personal Surgical History: Have you ever had any of the following conditions? (Circle if yes)

Adrenal Gland Surgery	Coronary Artery Bypass Graft	Neck Surgery
Appendectomy	Esophagus Surgery	Prostrate Surgery
Bariatric Surgery	Gastric Bypass Surgery	Small Intestine Surgery
Breast Surgery	Hemorrhoid Surgery	Spine Surgery
Cesarean Section	Hernia Repair	Stomach Surgery
Cholecystectomy	Hysterectomy	Thyroid Surgery

Medications: _____

_____

Allergies: _____

Prior surgeries: _____

_____

Comments: _____

_____

Family History: Has anyone in your family had any of the following conditions? (Circle if yes, indicate relationship to you)

Anemia _____ Bleeding problem _____ Heart disease _____ Stroke _____

Cancer _____ Blood clot _____ Anesthesia reaction _____ Hepatitis _____

Diabetes _____ High Blood Pressure _____

Social History:

Use of alcohol Never _____ Rarely _____ Moderate _____ Daily _____

Use of tobacco Never _____ Previously, but quit _____ Current (packs/day) _____

Use of drugs Never _____ Type/frequency _____

What is your occupation? _____ Marital Status _____ # Children _____

Patient Name: _____ **Age:** _____ Date: _____

Cancer health habits:

Breast:	Monthly self -exam	Yes	No
	Yearly physician exam	Yes	No
	Date of last mammogram	__/__/____	
GYN:	Yearly GYN exam	Yes	No
	Yearly PAP smear	Yes	No
Prostate:	Yearly rectal exam	Yes	No
	Yearly PSA blood test	Yes	No
Colon:	Yearly rectal exam	Yes	No
	Yearly stool test for blood	Yes	No
	Date of last sigmoidoscopy	__/__/____	
	Date of last colonosopy	__/__/____	
Skin:	High sun exposure	Yes	No
	Yearly skin exam	Yes	No

Review of Systems: Please indicate if you have any of the following symptoms or conditions.

General		
Unexplained weight loss	Yes	No
Fever	Yes	No
Fatigue	Yes	No
Eyes		
Eye disease or injury	Yes	No
Wear glasses or contacts	Yes	No
Blurred or double vision	Yes	No
Ears/Nose/Mouth/Throat		
Hearing loss	Yes	No
Ringing in the ears	Yes	No
Nose bleeds	Yes	No
Bleeding gums	Yes	No
Mouth sores	Yes	No
Sore throat	Yes	No
Recent voice change	Yes	No
Antibiotics for dental work	Yes	No
Cardiovascular		
Chest pain	Yes	No
Palpitations	Yes	No
Heart valve problems	Yes	No
Calf pain with walking	Yes	No
Leg swelling	Yes	No
Respiratory		
Chronic cough	Yes	No
Coughing up blood	Yes	No
Short of breath on exertion	Yes	No
Short of breath lying flat	Yes	No
Digestive		
Loss of appetite	Yes	No
Difficulty swallowing	Yes	No
Early satiety (fill up easy)	Yes	No
Heartburn	Yes	No
Nausea or vomiting	Yes	No
Blood in stool	Yes	No
Dark, tarry stools	Yes	No
Diarrhea or constipation	Yes	No
Abdominal pain	Yes	No
Painful bowel movements	Yes	No

Genitourinary		
Burning with urination	Yes	No
Weak urine stream	Yes	No
Blood in urine	Yes	No
Gas or stool in urine	Yes	No
Leakage of urine	Yes	No
Females – irregular periods	Yes	No
--last period	__/__/____	
--abnormal vaginal discharge	Yes	No
Skin/Breast		
Rash	Yes	No
Ulcers or sores	Yes	No
Yellowing of the skin	Yes	No
Breast lump	Yes	No
Breast pain	Yes	No
Nipple discharge	Yes	No
Musculoskeletal		
Joint pain	Yes	No
Muscle weakness	Yes	No
Back pain	Yes	No
Neurologic	Yes	No
Frequent, recurring headaches	Yes	No
Paralysis	Yes	No
Decreased sensation	Yes	No
Difficulty with speech	Yes	No
Psychiatric		
Anxiety	Yes	No
Depression	Yes	No
Mood swings	Yes	No
Endocrine		
Heat or cold intolerance	Yes	No
Excessive thirst	Yes	No
Excessive urination	Yes	No
Hematologic/Lymphatic		
Prior transfusion	Yes	No
Easy bleeding or bruising	Yes	No
Swollen glands	Yes	No
Allergic/Immunologic		
HIV infection	Yes	No
Low white blood cell count	Yes	No