Agave Surgical Associates

□ Atrial Fibrillation □ IBS	Name	Date of	Birth lodays Date
Diabetes Valley Fever Glaucoma Macular Degeneration Cataracts Cataracts Legally Blind What type? Date of Diagnosis Mental Iliness Mental	REASON FOR VISIT		
What type?	Current and Past Medical H	istory (Please check all that a	apply)
What type?	⊃ Diabetes	□ Valley Fever	□ Glaucoma
High Blood Pressure	What type?		
What type? Date of Diagnosis Mental Illness Depression Depressio			
Date of Diagnosis	•		
Kidney disease		What type?	D.F J. T. WIE
Diverticulitis Depression Epilepsy Stomach Uteers Epilepsy Seizures Ever had a Blood Transfusion Arthal Fibrillation IBS Ever had a General Anesthest Image: Stroke Anemia or Blood Disorders Image: Stroke Hepatitis Colonoscopy Image: Mammogram Phlebitis or Blood Clots What type? Image: Mammogram Image: Ma	☐ Elevated Cholesterol	Date of Diagnosis	Mental Iliness
Diverticulitis	n Kidnev disease	□ GI Disorders	□ Anxiety
Heart Disease			
□ Irregular heartbeat □ Crohn's Disease □ Ever had a Blood Transfusio □ Arthal Fibrillation □ IBS □ Ever had a General Anesther □ Pacemaker □ Anemia or Blood Disorders □ Heart Attack □ Anemia or Blood Disorders □ Flu Vaccine □ Phemonia Vaccine □ Phemonia Vaccine □ Colonoscopy □ Mammogram □ Flexible Sigmoidoscopy □ Flexible Sigmoidoscopy □ Flexible Sigmoidoscopy □ Emphysema □ Hyperthyroid □ EKG □ EKG □ EKG □ EKG □ Thyroid Disease □ Ekg □ Ek	□ Heart Disease	☐ Stomach Ulcers	
Attrial Fibrillation IBS Ever had a General Anesthes Ever had a General Anesthes Heart Attack Anemia or Blood Disorders What type? Flu Vaccine Flu Vaccine Pneumonia Vac	CHF	□ Ulcerative Colitis	□ Seizures
□ Pacemaker □ Reart Attack □ Anemia or Blood Disorders □ Flu Vaccine □ Flu Vaccine □ Flu Vaccine □ Pneumonia Vaccine □ Colonoscopy □ Dneumonia Vaccine □ Pneumonia Vaccine □ Pneumonia Vaccine □ Pneumonia Vaccine □ Colonoscopy □ Dneumonia Vaccine □ Pneumonia Vaccine □ Pneumonia Vaccine □ Colonoscopy □ Dneumonia Vaccine □ Pneumonia Vaccine □ Pneu	🗆 Irregular heartbeat	□ Crohn's Disease	Ever had a Blood Transfusion?
Heart Attack	□ Atrial Fibrillation	□ IBS	
Arthritis			□ Ever had a General Anesthesia?
□ Arthritis □ Phebitis or Blood Clots □ Hepatitis □ Colonoscopy □ Mammogram □ Flexible Sigmoidoscopy □ Lung Disease □ Thyroid Disease □ Fecal Occult Blood Test □ Emphysema □ Hyperthyroid □ EKG □ COPD □ Hypothyroid □ EKG □ Tuberculosis □ Tubercul	□ Heart Attack		<u></u>
□ Stroke □ Hepatitis □ Colonoscopy □ Flexible Sigmoidoscopy □ Flexible		What type?	
□ Phlebitis or Blood Clots	— 12.1.2		
□ Lung Disease □ Thyroid Disease □ Fecal Occult Blood Test □ Emphysema □ Hyperthyroid □ EKG □ COPD □ Hypothyroid □ EKG □ Tuberculosis Have you ever had any prior surgeries? Please list below and include dates. Are you taking any medications? Please list below and include dosages. Are you allergic to any medications? Please list below. Social History (Please answer yes or no to each question) □ Yes or No □ Current Smoker? For how many years? □ How many packs a day? □ Yes or No □ Do you drink Caffeine? What year did you quit? □ How many years smoking □ Yes or No □ Do you drink Caffeine? What type? □ How many per day □ Yes or No □ Do you drink alcohol? How many drinks per week? □ Type of Alcohol? □ Yes or No □ Have you ever used illegal drugs? Type □ Type of Alcohol?		Hepatitis	Colonoscopy
□ Lung Disease □ Thyroid Disease □ Fecal Occult Blood Test □ Emphysema □ Hyperthyroid □ EKG □ COPD □ Hypothyroid □ EKG □ Tuberculosis Have you ever had any prior surgeries? Please list below and include dates. Are you taking any medications? Please list below and include dosages. Are you allergic to any medications? Please list below. Social History (Please answer yes or no to each question) □ Yes or No □ Current Smoker? For how many years? □ How many packs a day? □ Yes or No □ Do you drink Caffeine? What type? □ How many years smoking □ Yes or No □ Do you drink Caffeine? What type? □ How many per day □ Yes or No □ Do you drink alcohol? How many drinks per week? □ Type of Alcohol? □ Yes or No □ Have you ever used illegal drugs? Type □ Type of Alcohol?	- Phienitis or Blood Clots	what type?	Televible Sigmoidescopy
□ Emphysema □ Hyperthyroid □ EKG □ COPD □ Hypothyroid □ Asthma □ Tuberculosis Have you ever had any prior surgeries? Please list below and include dates. Are you taking any medications? Please list below and include dosages. Are you allergic to any medications? Please list below. Social History (Please answer yes or no to each question) □ Yes or No □ Current Smoker? For how many years? □ How many packs a day? □ Yes or No □ Do you drink Caffeine? What type? □ How many years smoking □ Yes or No □ Do you drink Caffeine? What type? □ How many per day □ Yes or No □ Do you drink alcohol? How many drinks per week? □ Type of Alcohol? □ Yes or No □ Have you ever used illegal drugs? Type □ Type of Alcohol?	m I una Dicocca	n Thrivoid Disages	- Word Oscalt Dland Took
□ COPD □ Hypothyroid □ Asthma □ Tuberculosis Have you ever had any prior surgeries? Please list below and include dates. Are you taking any medications? Please list below and include dosages. Are you allergic to any medications? Please list below. Social History (Please answer yes or no to each question) □ Yes or No □ Current Smoker? For how many years? □ How many packs a day? □ Yes or No □ Former Smoker? What year did you quit? □ How many years smoking □ Yes or No □ Do you drink Caffeine? What type? □ How many per day □ Yes or No □ Do you drink alcohol? How many drinks per week? □ Type of Alcohol? □ Yes or No □ Have you ever used illegal drugs? Type □ Type of Alcohol?			•
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Are you allergic to any medications? Please list below. Social History (Please answer yes or no to each question) Yes or No Current Smoker? For how many years? Yes or No Former Smoker? What year did you quit? Yes or No Do you drink Caffeine? What type? Yes or No Do you drink alcohol? How many drinks per week? Type of Alcohol? Yes or No Have you ever used illegal drugs? Type	Have you ever had any prior	surgeries? Please list below an	d include dates.
Social History (Please answer yes or no to each question) Yes or No Current Smoker? For how many years? How many packs a day? Yes or No Former Smoker? What year did you quit? How many years smoking Yes or No Do you drink Caffeine? What type? How many per day Or Yes or No Do you drink alcohol? How many drinks per week? Type of Alcohol? Have you ever used illegal drugs? Type	Are you taking any medication	ons? Please list below and inclu	de dosages.
☐ Yes or No ☐ Current Smoker? For how many years? ☐ Yes or No ☐ Yes or No ☐ Do you drink Caffeine? What type? ☐ Yes or No ☐ Do you drink alcohol? How many drinks per week? ☐ Yes or No ☐ Yes or No ☐ Have you ever used illegal drugs? Type ☐ How many packs a day? ☐ How many years smoking ☐ How many per day ☐ Type of Alcohol?	Are you allergic to any medic	cations? Please list below.	
☐ Yes or No ☐ Yes or No ☐ Yes or No ☐ Do you drink Caffeine? What type? ☐ Yes or No ☐ Do you drink alcohol? How many drinks per week? ☐ Yes or No ☐ Have you ever used illegal drugs? Type ☐ How many years smoking ☐ How many years smoking ☐ How many per day ☐ Type of Alcohol?	Social History (Please answer	r yes or no to each question)	Yang manu mahu a dang
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