Agave Surgical Associates

Name_____ Date of Birth_____ Todays Date_____

REASON FOR VISIT_____

Current and Past Medical History (Please check all that apply)

☐Diabetes
What type?_____
☐ Blood pressure
☐Elevated Cholesterol
☐Kidney disease
☐Heart disease
☐CHF
☐Irregular heartbeat
☐Atrial Fibrillation
☐Pacemaker
☐Heart Attack
☐Arthritis
☐Stroke
☐Phlebitis or blood clots
☐Lung disease
☐Emphysema
☐COPD
☐Asthma
☐Tuberculosis

☐Valley Fever
☐Pneumonia
☐Cancer
What type?_____
Date of diagnosis_____
☐GI disorders
☐Diverticulitis
☐Stomach ulcers
☐Ulcerative colitis
☐Crohn's disease
☐IBS
☐Anemia or blood disorder
What type?_____
☐Hepatitis
What type?_____
☐Thyroid disease
☐Hyperthyroid
☐Hypothyroid

☐Glaucoma
☐Macular degeneration
☐Cataracts
☐Legally Blind
☐Mental Illness
_____
☐Anxiety
☐Depression
☐Epilepsy
☐Seizures
☐Ever had a blood transfusion
☐Ever had general Anesthesia
☐Flu vaccine_____
☐Pneumonia vaccine_____
☐Colonoscopy_____
☐Mammogram_____
☐Flexible Sigmoidoscopy
☐Fecal Occult blood test
☐EKG

Do you have an advanced directive ☐Yes ☐No, Living will ☐Yes ☐No

Have you ever had prior surgeries? Please list them below and include date

Are you taking any medications? Please list below include dosages

Are you allergic to any medications? Please list

Social History Please answer Yes or No to each question

☐Yes ☐No current smoker? For how many ___years? Packs per day?_____
☐Yes ☐No Former smoker? Year quit?_____ How many years did you smoke?_____
☐Yes ☐No Do you drink caffeine? What type?_____ How much daily?_____
☐Yes ☐No Do you drink alcohol? How many drinks per week? _____ Type of alcohol_____
☐Yes ☐No Have you ever used illegal drugs? Type?_____
☐Yes ☐ No Are you currently using illegal drugs?_____