

# MEDICAL INFORMATION FORM

**GARY H. HOFFMAN, M.D.**  
GENERAL SURGERY  
COLON AND RECTAL SURGERY

**LIZA CAPIENDO, M.D.**  
GENERAL SURGERY  
COLON AND RECTAL SURGERY

**EIMAN FIROOZMAND, M.D.**  
GENERAL SURGERY  
COLON AND RECTAL SURGERY

**STEPHEN YOO, M.D.**  
GENERAL SURGERY  
COLON AND RECTAL SURGERY

**ALLEN KAMRAVA, M.D.**  
GENERAL SURGERY  
COLON AND RECTAL SURGERY

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

OCCUPATION \_\_\_\_\_

### LIST ANY OTHER MEDICAL PROBLEMS YOU MAY HAVE

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

SMOKING \_\_\_\_\_ PACKS PER DAY FOR \_\_\_\_\_ YEARS

ALCOHOL \_\_\_\_\_

DRUGS \_\_\_\_\_

HAVE YOU EVER HAD A BLOOD OR BLOOD PRODUCT TRANSFUSION?

YES  NO

### FAMILY HISTORY (LIST SIGNIFICANT ILLNESSES)

GRANDPARENTS \_\_\_\_\_

FATHER \_\_\_\_\_

MOTHER \_\_\_\_\_

BROTHERS \_\_\_\_\_

SISTERS \_\_\_\_\_

CHILDREN \_\_\_\_\_

### LIST ALL PREVIOUS OPERATIONS WITH DATES

### LIST ALL CURRENT MEDICATIONS AND DOSAGES

### DO YOU HAVE DIFFICULTIES WITH YOUR...

EYES \_\_\_\_\_  NO

EARS \_\_\_\_\_  NO

GLANDS \_\_\_\_\_  NO

LUNGS \_\_\_\_\_  NO

HEART \_\_\_\_\_  NO

LIVER \_\_\_\_\_  NO

DIGESTION \_\_\_\_\_  NO

URINATION \_\_\_\_\_  NO

CIRCULATION \_\_\_\_\_  NO

MUSCLES OR JOINTS \_\_\_\_\_  NO

NERVES \_\_\_\_\_  NO

HAVE YOU EVER BEEN TOLD TO TAKE ANTIBIOTICS PRIOR TO DENTAL SURGERY OR SURGICAL PROCEDURES?  YES  NO

### MARK IF YOU ARE ALLERGIC TO...

PENICILLIN  SULFA  CODEINE

MORPHINE  IODINE  ADHESIVE TAPE

LIST ANY OTHER MEDICAL ALLERGIES \_\_\_\_\_

### MARK SIGNIFICANT PAST OR PRESENT PROBLEMS WITH...

STROKE  HIGH BLOOD PRESSURE

HEART DISEASE  DIABETES

HEPATITIS  A  B  C  KIDNEY FAILURE

TUBERCULOSIS  THYROID DISEASE

SYPHILIS  GONORRHEA

CANCER  ASTHMA

PNEUMONIA  C.O.P.D.

NO KNOWN MEDICAL ALLERGIES

### OBSTETRIC REVIEW

NUMBER OF BIRTHS \_\_\_\_\_

WERE ANY CESAREAN SECTION?  YES  NO

WERE ANY VAGINAL DELIVERY?  YES  NO

WAS AN EPISIOTOMY PERFORMED?  YES  NO

LIST ANY FOREIGN COUNTRIES VISITED IN THE LAST 12 MONTHS \_\_\_\_\_