Liberty Surgical Associates, PLLC
400 136th Ave. Holland, MI 49424 616-738-0470 Fax: 616-738-0498

Medical History Questionnaire

Name:_____ Birthdate:____/____/____ Age:_____

Height:_____ Weight:_____ Email:_____

□ Single   □ Married   □ Widowed   □ Divorced   Other:_____

Race/Ethnicity:_____ □ I prefer not to disclose Language Preference:_____

Primary Physician:_____ Referring Doctor:_____

Reason for visit today: _____

Preferred Pharmacy:_____

List any allergies to medications:_____

Do you currently smoke? Yes   No   If no, have you ever? Yes   No

How many packs/day?_____   How many years?_____

Do you use alcohol? Yes   No   How many drinks per week?_____

How many caffeinated beverages (coffee, tea, pop) per day?_____

Do you use recreational drugs? Yes   No   If yes, which ones?_____

Current Medications (including prescriptions, over-the-counter, vitamins/minerals, herbals)

Name/Dosage   Name/Dosage

_____   _____

_____   _____

_____   _____

Past Surgeries

Procedure	Month/Year	Procedure	Month/Year
_____	___/_____	_____	___/_____
_____	___/_____	_____	___/_____
_____	___/_____	_____	___/_____

Personal history of **Cancer**?　　　　No　　Yes　　Type/location: _____

Have you had a **Colonoscopy**?　　　No　　Yes　　Date of last one:___/___/___

Location:_____　　　　　　Did you have polyps?　　　No　　Yes

Have you had a **Mammogram**?　　　No　　Yes　　Date of last one:___/___/___

Location:_____

Have you had a **Bone Density**?　　　No　　Yes　　Date of last one: ___/___/___

Location:_____

Past Medical History

Yes	No	Problem with Anesthesia	Yes	No	Latex Allergy
Yes	No	Angina	Yes	No	Irregular Heartbeat/Palpitations
Yes	No	MI (Heart Attack) – when? ___/___/___	Yes	No	Mitral Valve Prolapse
Yes	No	Need Preop Antibiotics	Yes	No	Bleeding/Clotting Disorder
Yes	No	HIV/Aids	Yes	No	High Blood Pressure
Yes	No	Asthma/Emphysema	Yes	No	Sleep Apnea – use CPAP at night? yes/no
Yes	No	Diabetes – Are you on Insulin? yes/no	Yes	No	Stroke – when? ___/___/___
Yes	No	Seizure Disorder – when was your last one? ___/___/___			
Yes	No	Are you currently taking any blood thinners? (Aspirin, Coumadin, Plavix, Pradaxa...)			
Yes	No	PE/DVT (Pulmonary Embolism or Deep Vein Thrombosis)			

Please list any other medical problems: _____

_____