

Kyle B Potts, M.D., FACS

General, Advanced Laparoscopic & Breast Surgery
Diplomat of the American Board of Surgery

A Professional Corporation

805 W. Acequia, Suite 2A

Visalia, California 93291

Tel: (559) 738-0450 ~ Fax: (559) 738-0460

HEALTH HISTORY

Date: _____

Patient Name: _____ DOB: _____

Please help us take the best possible care of you by taking a few minutes to provide the following information.

Name of Physician who referred you for this consultation: Dr. _____

Problem for which we are seeing you: _____

Past Medical Illnesses (list those for which you have been hospitalized, take medications, or see a Doctor regularly).

- | | |
|-----------|-----------|
| 1.) _____ | 5.) _____ |
| 2.) _____ | 6.) _____ |
| 3.) _____ | 7.) _____ |
| 4.) _____ | 8.) _____ |

__ Please check here if more are listed on back of page

Past Surgical Procedures (list procedure and date if possible)

- | | |
|-----------|-----------|
| 1.) _____ | 5.) _____ |
| 2.) _____ | 6.) _____ |
| 3.) _____ | 7.) _____ |
| 4.) _____ | 8.) _____ |

__ Please check here if more are listed on back of page

Kyle B Potts, M.D., FACS

General, Advanced Laparoscopic & Breast Surgery
Diplomat of the American Board of Surgery

A Professional Corporation

805 W. Acequia, Suite 2A

Visalia, California 93291

Tel: (559) 738-0450 ~ Fax: (559) 738-0460

Date: _____

Patient Name: _____ DOB: _____

Does anyone in your family have Malignant Hypothermia? (a genetic life-threatening condition that is triggered by exposure to drugs used for general anesthesia) Yes No

If yes, who? _____

Previous injuries: _____

Have you ever had a blood transfusion? Yes No If yes, How many units? _____

List any drug allergies and any reactions: _____

Are you allergic to latex? Yes No

Are you allergic to bananas, avocados, or rubber balloons? Yes No

Please list all medications that you take. (include over the counter and herbal)

Drug name & Mg	# of pills	How often	When taken
----------------	------------	-----------	------------

- 1.)
- 2.)
- 3.)
- 4.)
- 5.)
- 6.)
- 7.)
- 8.)
- 9.)
- 10.)

__ Check here if list continues on back of page/attached is a list of medications

Kyle B Potts, M.D., FACS

General, Advanced Laparoscopic & Breast Surgery
Diplomat of the American Board of Surgery

A Professional Corporation

805 W. Acequia, Suite 2A

Visalia, California 93291

Tel: (559) 738-0450 ~ Fax: (559) 738-0460

Kyle B Potts, M.D., FACS

General, Advanced Laparoscopic & Breast Surgery
Diplomat of the American Board of Surgery

A Professional Corporation

805 W. Acequia, Suite 2A

Visalia, California 93291

Tel: (559) 738-0450 ~ Fax: (559) 738-0460

Date: _____

Patient Name: _____ DOB: _____

Social History:

Marital Status: Single Married Separated Divorced

Living Situation: Live alone Live with family Live with friends

Have you ever smoked cigarettes? Yes No If yes, how many years? _____

How many packs per day? _____ When did you quit? _____

Do you plan to quit? Yes No

Do you drink alcohol? Yes No If yes, how often? _____

Have you ever had a drinking problem? Yes No When did you quit? _____

Have you ever used recreational drugs? Yes No

Which ones? _____ How often? _____

Do you have any other problems that you feel we should be aware of? Yes No

List them here: _____

Patient Signature: _____ Date: _____

If not signed by patient, please indicate relationship:

___ Parent

___ Spouse

___ Representative, or friend, Please print name: _____

Kyle B Potts, M.D., FACS

General, Advanced Laparoscopic & Breast Surgery
Diplomat of the American Board of Surgery

A Professional Corporation

805 W. Acequia, Suite 2A

Visalia, California 93291

Tel: (559) 738-0450 ~ Fax: (559) 738-0460

Date: _____

Patient Name: _____ DOB: _____

List any major illnesses in your family: _____

Please check any problem that you have experienced in the last six months:

HEENT:

- Sore throat
- Problems swallowing

General Health:

- Fever
- Unusual Fatigue
- Weight loss
- Loss of appetite
- Night sweats

Breasts:

- Pain
- Skin swelling
- Redness
- Nipple inversion/discharge
- Mass

Cardiac:

- Chest pain
- Angina
- Fainting episodes
- Waking up short of breath
- Have to sleep propped up
- Irregular heartbeat
- Ever had cardiac stents placed
- Ever had cardiac catheterization

Respiratory:

- Shortness of breath
- Cough
- Voice change
- Wheezing
- Coughing up blood
- Pain when breathing

Gastrointestinal:

- Abdominal Pain
- Nausea
- Vomiting
- Constipation
- Cramps
- Bloating
- Passing mucous
- Heartburn
- Gallstones
- Incontinence in bowel habits
- Jaundice or liver disease

Genitourinary:

- Pain with urination
- Inability to urinate
- Pain with intercourse
- Bloody urine
- Kidney stones
- Urinary tract infection
- Urinary incontinence
- Impotence
- Dribbling with urination

Gynecologic:

- Age of first period: _____
- Date of last period: _____
- Menopause? Y N
- If yes, when? _____
- How many pregnancies? _____
- How many live births? _____
- Age at first child: _____
- Ever miscarry or have a stillbirth? Y N
- If Yes, how many? _____
- Ever had an abortion? Y N

Kyle B Potts, M.D., FACS

General, Advanced Laparoscopic & Breast Surgery
Diplomat of the American Board of Surgery

A Professional Corporation

805 W. Acequia, Suite 2A

Visalia, California 93291

Tel: (559) 738-0450 ~ Fax: (559) 738-0460

___Inability to climb 2 flights of stairs

If Yes, how many?_____

Kyle B Potts, M.D., FACS

General, Advanced Laparoscopic & Breast Surgery
Diplomat of the American Board of Surgery

A Professional Corporation

805 W. Acequia, Suite 2A

Visalia, California 93291

Tel: (559) 738-0450 ~ Fax: (559) 738-0460

Date: _____

Patient Name: _____ DOB: _____

Musculoskeletal:

- Painful joints
- Swollen
- Painful muscles
- Gout
- Arthritis

Endocrine:

- Cold Intolerance
- Heat Intolerance
- High blood sugar
- Low blood sugar
- Irregular periods
- Unusual hair growth

Neurologic:

- Seizures
- Temporary numbness
- Paralysis
- Temporary blindness
- Slurred speech
- Facial Drooping
- Falling down
- Tremor

Lymphatic:

- Swollen

Hematologic:

- Anemia
- Bleeding
- Taking blood thinners
- Taking aspirin
- Taking ginko or garlic
- Ever had history of blood clots
- Easily bruisable

Skin:

- Unusual moles
- Rash
- Non healing sores
- Ever had skin cancer

Immunizations:

- Tetanus shot within last 5 years
- Pneumococcus within last 5 years
- Hepatitis b shots

Psychiatric:

- Depression
- Schizophrenia
- Bipolar disorder

Immunology:

- History of immune deficiency

Vascular:

- Poor circulation
- Varicose veins
- Vascular stents ever placed
- Cramping in legs or buttocks when walking
- Claudication

Kyle B Potts, M.D., FACS

General, Advanced Laparoscopic & Breast Surgery
Diplomat of the American Board of Surgery

A Professional Corporation

805 W. Acequia, Suite 2A

Visalia, California 93291

Tel: (559) 738-0450 ~ Fax: (559) 738-0460

Do you currently have any hernias? Yes No If so, where? _____

Have you ever had?

___ Hepatitis. If so, what type? _____

___ HIV infection or AIDS

___ Sexually transmitted disease

___ Tuberculosis

___ Coccidiomycosis (Valley fever)

Have you ever had problems with anesthesia? Yes No

What kind of problems? _____