Colon & Rectal Surgery Associates
Patient Medical Information

Patient's Full Name_____Date_____

Height _____Weight _____

1. Please list medications you are **ALLERGIC** to, if none, state none _____

_____

2. Please list your colon and rectal complaint _____

_____

3. How long have you had this problem? _____

4. Past History

a. Past surgical history (list all past surgical procedures and the year performed) _____

_____

_____

b. Past medical history (list all prior nonsurgical hospitalizations by the reason and year) _____

_____

_____

c. Do you have any of the following medical problems? __Diabetes __Aids __Arthritis __Lung Disease __Heart Disease __High Blood Pressure __Cancer __Stroke __Other _____

5. Family History (Do any of the following medical problems run in your family?) __Diabetes __Heart Disease __Lung Disease __High Blood Pressure __Cancer (what type(s)?) _____

6. Do you take blood thinners? (Coumadin, Warfarin, Aspirin, Ibuprofen, Motrin, Persantine, Etc.) __Yes __No

7. Please list all medications _____

_____

_____

8. Do you smoke? __Yes __No If yes - packs per day _____ for _____ years

9. Do you drink alcohol? __Yes __No If yes - How much per week _____

10. Do you take drugs not prescribed by a doctor? __Yes __No

11. Review of systems (Please check any of the following which you have noticed recently)

__Fever/Chills	__Weakness	__Tiredness	__Dizziness
__Weight Loss	__Sore Throat	__Cough	__Depression
__Vision Changes	__Chest Pain	__Heart Palpitations	__Ankle Swelling
__Shortness of Breath	__Fainting	__Black Stools	__Skin Rash
__Nausea	__Vomiting	__Difficulty Swallowing	__Frequent Urination
__Constipation	__Diarrhea	__Blood on Toilet Paper	
__Blood in Stools	__Blood in Toilet	__Arm/Leg Weakness or Numbness	
__Change in Bowel Habits	__Abdominal Pain	__Bleeding from Nose or Mouth	
__Blood in Urine	__Headache	__Pain/Burning with Urination	
__Easy Bleeding	__Bruise Easily	__Increased Thirst for Water	
__Change in Skin Color	__Seizures	__Heat or Cold Intolerance	
__Joint Pains or Swelling	__Anxiety	__Calf Pain with Walking	