Patient Health History

TO BE COMPLETED BY PATIENT PRIOR TO PRE-ADMIT APPOINTMENT

Name		Age	_ Ht	Wt	
Medical History (Check All That Apply)	Last Menustral Period		_		
□ Acid Reflux	Past Surgical Hist	Ory (Check All Th	nat Apply) What Year?	
☐ Anemia	☐ A & P Repair	☐ Gallbladder		☐ Lung Surgery R	L
☐ Anesthesia Reactions	☐ Appendectomy	☐ Heart Surger	У	☐ Ovarian Surgery	
☐ Arthritis	☐ Breast Surgery R L	☐ Hernia Surge	ry R L	☐ Prostate Surgery	
□ Asthma	☐ Bowel Surgery	☐ Hip Surgery	-	☐ Shoulder Surgery	R L
☐ Back/Neck Injury	☐ C-Section	☐ Hysterectom		☐ Spinal Surgery	
☐ Bleeding Problems	□ D & C	-	•	☐ Tonsillectomy	
☐ Blood Transfusion	☐ Ear Tubes	□ Laparoscopy	-	☐ Tubal Ligation	
□ Burns	☐ Eye Surgery R L	□ Other		☐ Other	
□ Cancer	☐ Feet R L				
□ Cardiac		// / / / / / / / / / / / / / / / / / /			
□ COPD	Current Medicatio	_	itamin		
□ Depression	Name	Dose		Frequency	
□ Diabetes					
☐ Epilepsy/Seizures					
☐ Headaches					
☐ Hepatitis/Cirrhosis					
☐ High BP					
☐ High Fever					
☐ Kidney Disease					
☐ Nerve/Muscle Inj/Disease					
☐ Malignant Hyperthermia					
☐ Panic Attacks					
□ Polio					
□ Pregnant	Allergies				
□ Sickle Cell	Medication/Food	Reaction	า	Comments	
□ Stroke					
☐ Thyroid					
□ Ulcers					
□ Other					
□ Other					
□ Other					
☐ Artificial Body part Location	Latex Allergy ☐ Y ☐	N			
RN Signature					
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PRE-ADMIT ASSESSMENT