Surgical Associates

MEDICAL INFORMATION FORM

PATIENT NAME_____ DATE_____

AGE___ ☐ MALE ☐ FEMALE REFERED BY_____ PCP_____

HAS THE PATIENT PREVIOUSLY BEEN SEEN BY A DOCTOR AT SURGICAL ASSOCIATES?

YES__NO__ WHO_____M.D.

CHIEF COMPLAINT

1._____

2._____

3._____

PAST MEDICAL HISTORY AND SURGICAL HISTORY

OPERATIONS	HOSPITAL & CITY	DATE
1._____		
2._____		
3._____		
4._____		

HOSPITALIZATIONS

REASON	HOSPITAL & CITY	DATE
1._____		
2._____		
3._____		

MEDICAL CONDITIONS FOR MEDICATIONS & ALLERGIES (please see other form)

Please mark all that apply. Give Date and Details when possible

☐ Heart Attack	Yes/No	☐ Lung Disease/Asthma	Yes/No	☐ GERD	Yes/No
☐ Irregular heart rate	Yes/No	☐ Prior Pneumonia	Yes/No	☐ Prolonged Bleeding	Yes/No
☐ Chest Pain (Angina)	Yes/No	☐ Kidney Disease	Yes/No	☐ Arthritis	Yes/No
☐ High Blood Pressure	Yes/No	☐ Intestinal/Rectal Bleeding	Yes/No	☐ Seizures	Yes/No
☐ Diabetes	Yes/No	☐ Hepatitis/Jaundice	Yes/No	☐ Alcoholism	Yes/No

Other illnesses_____

Providence St Vincent
9427 SW Barnes Rd, Suite 599
Portland, OR 97225-6652
P:(503)292-1103 **F**:(503)292-1433

Surgery Center at Tanasbourne
18650 NW Cornell Rd, Suite 212
Portland, OR 97124
P:503-292-1103 **F**:503-292-1433

Providence Bridgeport Health Ctr
18040 SW Lower Boones Fry Rd #207
Tigard, Oregon 97224
P:503-292-1103 **F**:503-292-143

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Check if you have ever had any of the following

☐ COLONOSCOPY DATE_____ RESULTS_____ ☐ EGD DATE_____

☐ MAMMOGRAM DATE_____ RESULTS_____ RESULTS _____

PERSONAL HISTORY

Place of Birth_____

Children Yes/No Ages_____

Tobacco ☐ Never ☐ None Now ☐ Yes Now How Long_____ How Many Per Day_____

Alcoholic Beverages ☐ Never ☐ Seldom ☐ Frequently Amount_____

Drug Abuse ☐ Never ☐ In the Past ☐ Now Types of drugs_____

FAMILY HISTORY

Please check if any blood relatives have had any of these

☐ Heart Disease ☐ High Blood Pressure ☐ Diabetes ☐ Alcoholism ☐ Asthma ☐ Psychiatric Diseases

☐ Blood Disease ☐ Obscure Diseases ☐ Breast Cancer ☐ Colon Cancer ☐ Ovarian Cancer ☐ Lung Cancer

☐ Esophageal Cancer ☐ Gastric Cancer ☐ Pancreatic Cancer ☐ Thyroid Cancer

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