VALLEY REGIONAL SURGERY CENTER

HEALTH HISTORY AND BASELINE ASSESSMENT RECORD

❑ Male ❑ Female ❑ Repeat

PATIENT NAME: ____________________ **PROCEDURE:** ____________________

DOB: __________ AGE: __________ HT: __________

Phone No: (H) __________ WT: __________

(CELL/WORK) __________ Surgeon: __________

Family Dr. __________ Day / Time of Surgery: __________

PATIENT HISTORY YES	PATIENT HISTORY NO		FAMILY HISTORY YES	FAMILY HISTORY NO
❑	❑		❑	❑
		Allergies: (Medication / Foods / Topicals / Latex Sensitivity / Enviromental)		
❑	❑	Anesthesia Complications (N/V, MH)	❑	❑
❑	❑	Muscle Disease (MS, MD, Myasthenia Gravis)	❑	❑

YES	NO	System	Details
❑	❑	RESPIRATORY	Asthma, COPD, Bronchitis, Sinus Problem, Cough, Recent URI, Sleep Apnea, CPAP Use, Smoking H/O ______ ppd ______ yrs ______
❑	❑	CARDIOVASCULAR	MI, CABG, HTN, CHF / Edema, Arrhythmia, Pacemaker, Difibrillator, Murmur, MVP, Rheumatic Fever, Chest Pain
❑	❑	HEPATO / GASTRO INTESTINAL	Hepatitis, Mono, Jaundice, GERD, Heartburn, Ulcers, Constipation, Diarrhea, Hiatal Hernia, Hemorrhoids, Polyps, Blood in Stool, Family History Colon Cancer
❑	❑	NEURO / MUSCULO SKELETAL	CVA, Stroke, TIA, Muscle Weakness, Numbness, Joint Replacement, Seizures, Fainting, Use of Assistive Devices, Migraines, Motion Sickness, Back / Neck, Arthritis, H/O Falls ______
❑	❑	UROLOGIC / RENAL	Bladder / Kidney Problems, Urinary Problems, Recent UTI, Hematuria, Stones ______
❑	❑	ENDOCRINE	DIABETES: IDDM, NIDDM; Hyperthyroidism, Hypothyroidism ______
❑	❑	HEMATOLOGIC INTEGUMENTARY	Anemia, Blood Clots, Blood Disorder, Recent Blood Transfusion, Blood Thinner Use, Skin Abnormalities, Body Piercing
❑	❑	MENTAL / PSYCHO LOGICAL	Depression, Anxiety, Dementia, Alzheimers, Mental Retardation ______
❑	❑	OTHER	LMP ______, Breastfeeding, Cancer, Chemo / Radiation ______
❑	❑	VISION PROBLEMS	Glasses, Contacts, Blindness, Glaucoma, Cataracts ______
❑	❑	HEARING PROBLEMS	HOH, HEARING AIDS R L, BIL ______
❑	❑	DENTAL WORK	Dentures ↑↓, Partials ↑↓, Loose Teeth, Caps / Crowns, Bridge ______
❑	❑	ALCOHOL USE	Frequency ______
❑	❑	SUBSTANCE ABUSE	Type ______ Frequency ______
❑	❑	CULTURAL RELIGIOUS BELIEFS	______
❑	❑	ADVANCE DIRECTIVE	______
❑	❑	SURGERIES / HOSPITALIZATIONS	______