

PRE-OP HISTORY AND PHYSICAL

Please print your answers. Do not leave any questions blank.

Name: _____ Birthdate: _____

Today's Date: _____ Date of surgery: _____

Height _____ Weight: _____ Age: _____

Do you have **ANY ALLERGIES** to food, latex, or medicine? **YES OR NO** If yes, please list below.

Please list all medications, herbal medicines, and/or vitamins you are taking:

<u>Drug</u>	<u>Dose</u>	<u>How often you take it</u>	<u>Why?</u>
1.			
2.			
3.			
4.			
5.			

* If more space is needed, please use other side of paper.

Please list **any diseases or conditions** that you have had or are being treated for currently. For example: High blood pressure, cancer, diabetes, history of stroke, heart attacks, thyroid trouble, hepatitis, HIV, etc. (Use other side of paper if needed)

List all operations you have had, and year performed: (Use back of sheet if needed)

- 1.
- 2.
- 3.
- 4.

Please circle your answers:

Is your **father** alive or deceased? What is, or was, his age? _____ Please circle any illnesses he has/had:

Diabetes Cancer, type? _____ High blood pressure Stroke
Heart disease Lung disease Seizures Other: _____

Is your **mother** alive or deceased? What is, or was, her age? _____ Please list any illnesses she has/had:

Diabetes Cancer, type? _____ High blood pressure Stroke
Heart disease Lung disease Seizures Other: _____

Do you use any tobacco products? Yes or no. If yes, how much? ½, 1, 2, 3 packs per day.

About how many years have you been a smoker? 1, 3, 5, 10, 15, 20, >25, >30, >40

Do you drink beer, wine, or liquor? If yes, how much per day?

Do you use any recreational drugs? Marijuana, cocaine, crack, ecstasy? _____

What is your occupation? _____

Are you feeling sick or feel like you are "coming down" with something? Yes or no

Have you had any of the following during the past couple of weeks?

Fever Nausea Diarrhea Chest pain Cough
Difficulty with erections or urinating Shortness of breath Dizziness

***Any new pain or weakness that has gotten worse since your last visit?**

If there **ANY** reason you feel you are not ready for surgery, please let me know today.

I will be happy to fully explain your surgical procedure to you, and answer any questions you may have. Please use the back of this page to write down any questions that you would like to discuss after your physical.

Thank you,
Lindsey R. Carter, PA-C
Physician Assistant

*Don't forget to visit our website, **richmondspine.com** for great information!