

# PRE-OP HISTORY AND PHYSICAL

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

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of surgery: \_\_\_\_\_

Best number to reach you on after 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 C. Townsend, PA-C  
Physician Assistant

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