



GLENN M. DAVIS, M.D., F.A.C.S.
JEREMY W. PYLE, M.D.

NAME: LAST FIRST MIDDLE CHART #:

HEIGHT: WEIGHT: DATE OF LAST PHYSICAL:

LIST ALL DRUG AND FOOD ALLERGIES SENSITIVE TO LATEX?

LIST ALL MEDICATIONS (INCLUDE OVER THE COUNTER AND HOMEOPATHIC MEDICINES)

Table with 3 columns: MEDICINE, DOSE, HOW OFTEN. Rows 1-4 for listing medications.

WHAT IS YOUR AVERAGE DAILY CONSUMPTION OF: TOBACCO ALCOHOL COULD YOU BE PREGNANT? DATE OF LAST MAMMOGRAM

LIST ALL OPERATIONS YOU HAVE HAD:

Table with 3 columns: SURGERY, YEAR, SURGEON. Rows 1-3 for listing operations.

HAVE YOU BEEN HOSPITALIZED FOR ANY REASON OTHER THAN CHILD BIRTH?

HAVE YOU OR ANY OF YOUR RELATIVES HAD A PROBLEM WITH ANESTHESIA?

DO YOU HAVE OR EVER HAD A PROBLEM WITH:

- 1. Heart trouble, High blood pressure 8. Fainting 15. Scarlet / Rheumatic Fever
2. Asthma, Lung problems, breathing 9. Glaucoma 16. Keloid scars
3. Diabetes 10. Cancer 17. Blood clots
4. Jaundice, Hepatitis, Liver problems 11. Bleeding disorders 18. Stomach / Intestinal
5. Chronic Headache 12. Convulsions 19. Emotional / Psychiatric
6. Leg, Back, or Neck pains 13. Kidney problems problems
7. Breast problems 14. Skin problems

LIST ANY FAMILY HISTORY OF SIGNIFICANT ILLNESS (blood clots, diabetes, heart disease, melanoma, malignant hyperthermia)

SIGNATURE DATE