

# Uinta General Surgery

Initial Patient Intake Questionnaire

Today's Date

Date of Birth

Patient Name

Reason for today's visit

Colonoscopy Patients: When was your last Screening Colonoscopy?

## Past Medical History

Do you have, or have you ever had:

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Reflux/Heartburn    | <input type="checkbox"/> Diabetes    |
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Depression  |
| <input type="checkbox"/> COPD          | <input type="checkbox"/> Irritable Bowel     | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> Cancer        | <input type="checkbox"/> Thyroid disease     |                                      |

Other medical problem(s)

**Surgery (List)**

**Allergies:**

**Current Medications:**


**Family History:**

Do any of your first, or second, degree relatives have:

- Diabetes    Bleeding disorder    Heart disease    Blood Clotting Disorder
- Complications with anesthesia    Breast Cancer    Colon Cancer

**Social History:**

- Single    Married    Divorced    Widowed    Have children
- Do you use:  Cigarettes    Chew tobacco    Alcohol    Recreational drugs

**Occupation:**

## Review of Systems

Check if you **CURRENTLY** have any of the following symptoms:

General:  fever,  chills,  fatigue,  nightsweats

HEENT:  trouble with hearing,  ear/nose/throat pain,  nasal congestion

Cardiovascular:  chest pain,  heart fluttering,  
 shortness of breath when laying down,  leg swelling

Pulm:  acute/chronic cough,  wheezing, shortness of breath with  
( mild, moderate, extreme) activity

GI:  heartburn,  nausea,  indigestion,  constipation,  diarrhea,  
 blood in stool

GU:  pain with urination,  blood in urine,  difficulty with urination

Musculoskeletal:  joint pain,  back pain,  constant muscle aches

Heme/Lymph:  easy bruising,  easy bleeding,  problems with blood clots,  
 swollen lymph nodes

Endo:  always feel cold,  always feel hot,  always thirsty

Neuro:  migraines,  seizures,  numbness,  unexplained muscle failure

Psych:  depression,  anxiety,  sleep disturbances

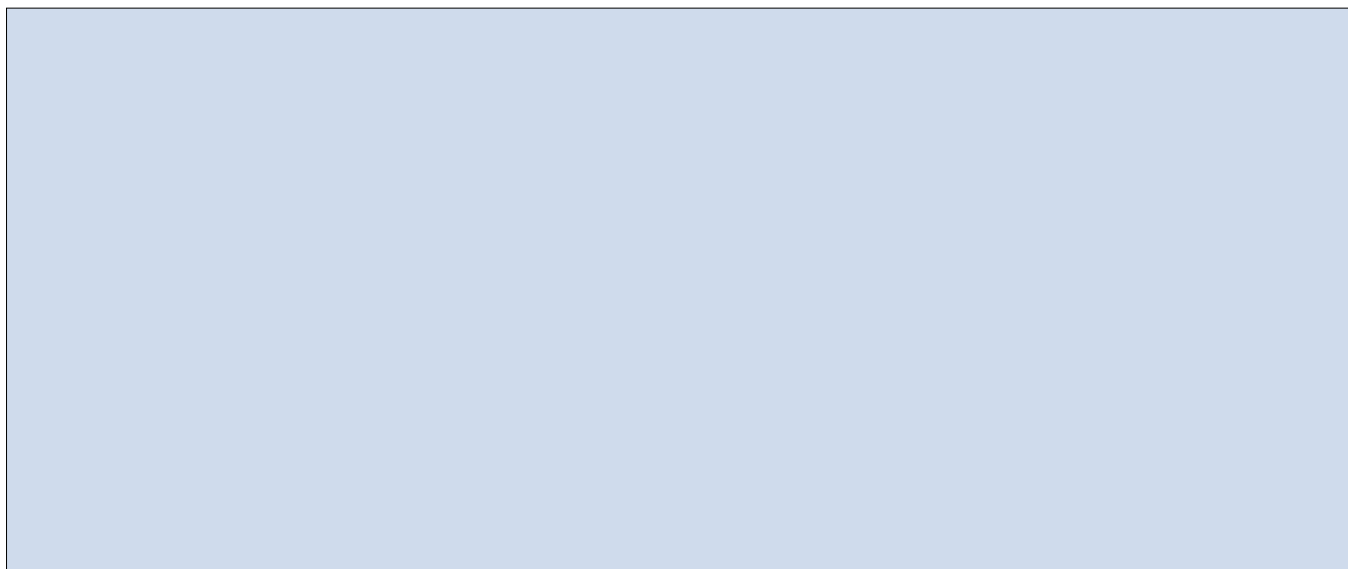
## Screening

If you are 50 years old, or older: Yes No  
Have you had a screening colonoscopy?

If you are female and 40 years, or older: Yes No  
Have you had a screening mammogram?

<b>Please rate the following:</b>	poor	fair	good	excellent
Ease of scheduling-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness of staff-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check in Process-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments/Suggestions:**

A large, empty rectangular box with a light blue background, intended for user comments or suggestions. The box is positioned directly below the 'Comments/Suggestions:' label and occupies a significant portion of the upper half of the page.