Siva Prasad Mullangi, MD, FACS

Advanced Laparoscopic Surgery

Bariatric Surgery

PATIENT MEDICAL HISTORY

Name of the patient:

Date of birth:

Sex:

Marital Status:

Address of the patient:

Phone number:

Email address:

Emergency Contact and their phone number:

Referring physician:

Referring physician's phone number:

PREFERRED PHARMACY:

HEALTH INSURANCE:

REASON FOR CONSULTATION:

CHRONIC MEDICAL PROBLEMS:

Hypertension (High blood pressure)

Diabetes

Asthma

COPD

High serum cholesterol

Sleep apnea

Acid Reflux disease

Thyroid disease

Joint pains

History of cancer

Are you taking anticoagulants (blood thinners)

Are you taking aspirin or Plavix

Are you taking steroids such as prednisone

History of blood clots in legs or lungs

Heart disease

Kidney disease

Congestive heart failure

Are you on dialysis

PAST SURGERY/OPERATIONS

ALLERGIES:

ALL MEDICATIONS YOU CURRENTLY TAKE AT HOME:

ANY OVER THE COUNTER MEDICATIONS YOU TAKE AT HOME:

SOCIAL HISTORY

Occupation:

SMOKING OF CIGARETTES:

ALCOHOL

RECREATIONAL DRUGS:

FAMILY HISTORY:

High blood pressure:

Diabetes:

Obesity:

Cancer: