

# LOS ANGELES COLON AND RECTAL SURGICAL ASSOCIATES

9400 Brighton Way, Suite 307, Beverly Hills, CA 90210

Phone – 310-273-2310

Fax – 310-273-0314

Norman N. Hoffman M.D. Gary H. Hoffman M.D. Eiman Firoozmand M.D. Liza Capiendo M.D. Stephen Yoo M.D.

## MEDICAL INFORMATION FORM

**(USE THE TAB KEY OR MOUSE TO MOVE BETWEEN FIELDS)**

NAME \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

SMOKING \_\_\_\_\_ PACKS PER DAY FOR \_\_\_\_\_ YEARS

ALCOHOL \_\_\_\_\_

DRUGS \_\_\_\_\_

HAVE YOU EVER HAD A BLOOD OR BLOOD PRODUCT TRANSFUSION?

YES

NO

### FAMILY HISTORY (LIST SIGNIFICANT ILLNESSES)

GRANDPARENTS \_\_\_\_\_

FATHER \_\_\_\_\_

MOTHER \_\_\_\_\_

BROTHERS \_\_\_\_\_

SISTERS \_\_\_\_\_

CHILDREN \_\_\_\_\_

### DO YOU HAVE DIFFICULTIES WITH YOUR...

EYES \_\_\_\_\_  NO

EARS \_\_\_\_\_  NO

GLANDS \_\_\_\_\_  NO

LUNGS \_\_\_\_\_  NO

HEART \_\_\_\_\_  NO

LIVER \_\_\_\_\_  NO

DIGESTION \_\_\_\_\_  NO

URINATION \_\_\_\_\_  NO

CIRCULATION \_\_\_\_\_  NO

MUSCLES OR JOINTS \_\_\_\_\_  NO

NERVES \_\_\_\_\_  NO

### MARK SIGNIFICANT PAST OR PRESENT PROBLEMS WITH...

STROKE

HIGH BLOOD PRESSURE

HEART DISEASE

DIABETES

HEPATITIS  A  B  C

KIDNEY FAILURE

TUBERCULOSIS

THYROID DISEASE

SYPHILIS

GONORRHEA

CANCER

ASTHMA

PNEUMONIA

C.O.P.D.

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

### LIST ANY OTHER MEDICAL PROBLEMS YOU MAY HAVE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### LIST ALL PREVIOUS OPERATIONS WITH DATES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### LIST ALL CURRENT MEDICATIONS AND DOSAGES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN TOLD TO TAKE ANTIBIOTICS PRIOR TO DENTAL SURGERY OR SURGICAL PROCEDURES?  YES  NO

### MARK IF YOU ARE ALLERGIC TO...

PENICILLIN

SULFA

CODEINE

MORPHINE

IODINE

ADHESIVE TAPE

LIST ANY OTHER MEDICAL ALLERGIES \_\_\_\_\_

NO KNOWN MEDICAL ALLERGIES

### OBSTETRIC REVIEW

NUMBER OF BIRTHS \_\_\_\_\_

WERE ANY CESAREAN SECTION?  YES  NO

WERE ANY VAGINAL DELIVERY?  YES  NO

WAS AN EPISIOTOMY PERFORMED?  YES  NO

LIST ANY FOREIGN COUNTRIES VISITED IN THE LAST 12 MONTHS \_\_\_\_\_

DATE OF MOST RECENT COLONOSCOPY \_\_\_\_\_ DATE OF MOST RECENT GASTROSCOPY \_\_\_\_\_