

PARAGON SURGICAL SPECIALISTS

DATE _____

Name _____ Birth Date _____

Male _____ Female _____ Primary Care Physician _____

Referring Doctor (if different from Primary) _____

ALLERGIES:

Medication Allergies _____

Contactants:	Adhesive Tape	Yes	No
	Betadine	Yes	No
	Latex	Yes	No
Foods:	Shellfish	Yes	No

MEDICATIONS:

Please List Current Medications: (include dosage and frequency) _____

HISTORY OF PRESENT ILLNESS

Chief Complaint _____

CURRENT COMPLAINTS:

General			Gastrointestinal			Neurological:		
Fatigue	Yes	No	Abdominal Pain	Yes	No	Headache	Yes	No
Fever	Yes	No	Bloody Stool	Yes	No	Seizures	Yes	No
Weight Gain/Loss > 10 lbs	Yes	No	Constipation	Yes	No	Stroke	Yes	No
Skin			Diarrhea	Yes	No	Weakness in extremities	Yes	No
Hair Loss	Yes	No	Difficulty Swallowing	Yes	No			
Nail Changes	Yes	No	Heartburn	Yes	No	Psychiatric:		
Rash	Yes	No	Indigestion	Yes	No	Anxiety	Yes	No
Skin Color Changes	Yes	No	Nausea	Yes	No	Depression	Yes	No
HEENT			Vomiting	Yes	No	Panic Attacks	Yes	No
Blurred Vision	Yes	No				Endocrine:		
Head Injury	Yes	No	Genitourinary:			Excessive Thirst	Yes	No
Visual Loss	Yes	No	Male:			Thyroid Problems	Yes	No
Hearing Loss	Yes	No	Blood in urine	Yes	No			
Hoarseness	Yes	No	Change in urinary stream	Yes	No	Hematology:		
Sore Throat	Yes	No	Incontinence	Yes	No	Blood Clots	Yes	No
Neck			Painful Urination	Yes	No	Easy Bruising	Yes	No
Neck Mass	Yes	No	Testicular mass	Yes	No	Enlarged Lymph Nodes	Yes	No
Swollen Glands	Yes	No	Testicular pain	Yes	No	Prolonged Bleeding	Yes	No
Respiratory			Female:					
Chronic Cough	Yes	No	Are you pregnant	Yes	No			
Difficulty Breathing	Yes	No	Age of first menstrual cycle		___			
Wheezing	Yes	No	Blood in Urine	Yes	No			
Breast			Discharge	Yes	No			
Breast Mass	Yes	No	Incontinence	Yes	No			
Breast Pain	Yes	No	Painful Urination	Yes	No			
Breast Swelling	Yes	No	Vaginal Bleeding	Yes	No			
Nipple Discharge	Yes	No						
Skin Changes On the Breast	Yes	No	Musculoskeletal:					
Cardiovascular			Back Pain	Yes	No			
Chest Pain	Yes	No	Joint Pain	Yes	No			
Palpitation	Yes	No	Joint Stiffness	Yes	No			
Swelling of Extremities	Yes	No	Joint Swelling	Yes	No			
			Muscle Weakness	Yes	No			

