

CENTRAL JERSEY SURGICAL SPECIALISTS, P.A.

GENERAL, VASCULAR, LAPAROSCOPIC, ENDOVASCULAR & ONCOLOGIC SURGERY

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NAME: _____ DOB: _____ Date _____

HISTORY

PRESENT SYMPTOMS:	PAST MEDICAL HISTORY:
Reason for visit:	Diabetes? Y/N How long
Duration of symptoms:	Insulin or Non-Insulin Dependent?
What makes it worse?	High blood pressure? Y/N How long?
Improved by?	Thyroid problem? Y/N How long
	Cancer? Y/N How long
Allergy/Medication:	

REVIEW OF SYSTEMS:

CNS:

Stroke? Y/N Mini Stroke? Y/N
 Seizures? Y/N Drop Attack? Y/N
 Dizziness? Y/N

CARDIOVASCULAR SYSTEM:

Heart attack? Y/N When? _____
 Chest pain (Angina)? Y/N How Often? _____
 Heart Failure? Y/N When? _____
 Irregular heartbeat? Y/N How Long? _____

GENITOURINARY:

Kidney Stones? Y/N Bladder problems? Y/N
 Prostate Problems? Y/N
 Other? _____

SKIN:

Skin Problems? Y/N _____

FAMILY HISTORY:

Diabetes? Y/N Who? F/M High BP? F/M
 Vascular? Y/N Who? F/M Cancer? Y/N Who? F/M
Past Surgery? _____

Vaccine:

Pneumonia? Y/N Date: _____
 Influenza/Flu? Y/N Date: _____

PHYSICAL

RESPIRATORY SYSTEM:

Asthma? Y/N Difficulty Breathing? Y/N Sleep Apnea? Y/N
 Other: _____

GASTROINTESTINAL:

Acid Reflux? Y/N Peptic Ulcer? Y/N Colitis/ileitis? Y/N
 Other: _____

EXTREMITIES:

Arthritis? Y/N Pain? Y/N
 Other: _____

HEMATOLOGICAL:

Abnormal Bleeding? Y/N Blood Clots? Y/N

PSYCHIATRIC? Y/N

Other: _____

OB/GYN? Y/N

SOCIAL HISTORY:

Occupation: _____
 Tobacco? Y/N Quit? Y/N How long? _____
 Alcohol Use? Y/N How often? _____

MD ORDER:

Patient Signature: _____

MD Signature: _____