

- YES NO Hematologic
 Anemia
 Bleeding Disorders
 Sickle Cell Anemia

Other: _____

- YES NO Immunology
 AIDS
 HIV
 Sickle Cell Anemia
 Immunosuppression
 Polio
 Rheumatic Fever
 Typhoid

Other: _____

- YES NO Oncologic/Cancer
 Breast Cancer
 Colon/ Rectal
 Leukemia
 Lung
 Lymphoma
 Prostate
 Skin
 Urinary/ Bladder

Other: _____

History of a Resistant Organism

DRSA, VRE, C Diff, etc.

Psychosocial

Alcohol Use

- Never
 Daily
 Occasionally
 Past

Tobacco Use

- Never
 Former
 Current

Packs Per Day: _____

Smokeless Tobacco

- Never
 Daily
 Occasionally
 Past

Recreational Drug Use

- Never
 Daily
 Occasionally
 Past

Thoughts of suicide Yes / No Are you suicidal? Yes / No
 Cultural/ Spiritual Religious Preference : _____
 Any beliefs that would interfere with your medical care? _____

List all Previous Surgeries:

Have you ever had a blood transfusion? YES NO
 Did you have a reaction? YES NO
 Do you wear a CPAP? YES NO
 Been told you snore most nights? YES NO
 Been told you stop or struggle to breathe in your sleep? YES NO
 Tired, Fatigued, sleepy on MOST days? YES NO

 Have you traveled within the last 30 days? YES NO
 Where? _____
 After your travel have you had any fever, abdominal pain, etc. YES NO
 If yes, What? _____
 Have you ever been intubated? YES NO
 If yes, Were you told that you that are a "difficult intubation?" YES NO
 Date of last menstrual period? _____
 Are you breast feeding? YES NO
 Any medical devices or implants? YES NO
 If yes, What? _____

Last time you had anything to eat: _____

Last time you had anything to drink: _____

Have you ever had complications with anesthesia? YES NO
 If, yes explain: _____

Any missing, broken, or loose teeth? YES NO

Any recent episodes of vomiting? YES NO

Have you received chemotherapy on the last 48 hours? YES NO

If you're having a Colonoscopy, please complete the questions below:

Did you complete your bowel prep? YES NO

Are your bowel movements clear/ yellow/ see through? YES NO

This is not part of the permanent medical record** updated 10/14/14 TS

PLEASE COMPLETE BOTH SIDES