



# EYE SURGERY CENTER OF MIDDLE TENNESSEE

## PATIENT HISTORY

PT STICKER

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DOB \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Ph: \_\_\_\_\_

Relationship: \_\_\_\_\_

### CARDIAC

Yes NO

- Hypertension \_\_\_\_\_  
 controlled  uncontrolled.
  - Angina / Chest Pain \_\_\_\_\_
  - Heart Attack / Date of Occurrence \_\_\_\_\_
  - CHF – Congestive Heart Failure \_\_\_\_\_
  - Heart Murmur \_\_\_\_\_
  - Mitral Valve Prolapse \_\_\_\_\_
  - Irregular heartbeat \_\_\_\_\_
  - Heart surgery/ Date \_\_\_\_\_ # of bypass \_\_\_\_\_
  - Heart catheterization / # of stents \_\_\_\_\_ Date \_\_\_\_\_
  - Pacemaker/Defibrillator \_\_\_\_\_  card copied
  - EKG in past 6 Months? \_\_\_\_\_
  - Stress Test / Echo \_\_\_\_\_
  - High Cholesterol \_\_\_\_\_
  - Atrial Fibrillation \_\_\_\_\_  controlled  uncontrolled
- Cardiologist name and number \_\_\_\_\_  
Date of last visit \_\_\_\_\_

### EENT

- Loose teeth  Crowns  Bridgework
- Dentures \_\_\_\_\_  upper \_\_\_\_\_  lower \_\_\_\_\_
- Eye Prosthesis \_\_\_\_\_
- Hearing Aids \_\_\_\_\_

### GASTROINTESTINAL

YES NO

- Heartburn/ Reflux / Peptic Ulcer \_\_\_\_\_
- Hepatitis History \_\_\_\_\_ Type \_\_\_\_\_
- Cirrhosis \_\_\_\_\_
- Alcohol Consumption \_\_\_\_\_ frequency \_\_\_\_\_

### REPRODUCTIVE

- Are you pregnant? LMP \_\_\_\_\_
- Tubal Ligation/ Hysterectomy \_\_\_\_\_
- Post-Menopausal \_\_\_\_\_

ARE YOU AN ORGAN DONOR?

YES  NO

DO YOU HAVE A LIVING WILL/ ADVANCE DIRECTIVE?

YES  NO

DISABILITY/ SPECIAL NEEDS:  
Do you have any special needs or disability \_\_\_\_\_?  
 Vision  Mobility Do you speak English?  YES  NO  
 Hearing \_\_\_\_\_ If no, which language \_\_\_\_\_

### PRIOR SURGERIES/ HOSPITALIZATIONS

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

History of Motion sickness?  Yes  No

### ANESTHESIA PROBLEMS

- Nausea/Vomiting  Fever  Other: \_\_\_\_\_
- History of Relatives with anesthesia problems
- TB  Hepatitis  MRSA  HIV  Other

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

### OTHER MEDICAL HISTORY

\_\_\_\_\_

1<sup>st</sup> Procedure

RN \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

2<sup>nd</sup> Procedure

RN \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

changes noted  no changes noted

### CIRCULATORY

- PVD Peripheral Vascular Disease
- Blood Thinners: Coumadin / ASA / NSAIDS \_\_\_\_\_
- Anemia \_\_\_\_\_

### RESPIRATORY

- Smoker # of years \_\_\_\_\_ amount \_\_\_\_\_
- Cold / cough \_\_\_\_\_
- Asthma \_\_\_\_\_
- Chronic bronchitis / emphysema \_\_\_\_\_
- Sleep apnea \_\_\_\_\_ CPAP \_\_\_\_\_  yes  no
- Shortness of Breath \_\_\_\_\_  
 Minimal exertion  Moderate exertion
- Tuberculosis \_\_\_\_\_
- Chest x-ray within the past 6 months? \_\_\_\_\_
- O2 Usage \_\_\_\_\_

### NEURO

- Headache \_\_\_\_\_
- Seizure disorder \_\_\_\_\_ Date of Last Seizure \_\_\_\_\_
- Weakness / numbness \_\_\_\_\_
- TIA / Stroke \_\_\_\_\_
- Alzheimer's / confusion \_\_\_\_\_
- Cervical Spine Disease \_\_\_\_\_

### MUSCULO – SKELETAL

- Arthritis \_\_\_\_\_
- Myasthenia gravis \_\_\_\_\_
- Other \_\_\_\_\_

### ENDOCRINE / RENAL

- Diabetes  Insulin  Oral  Diet \_\_\_\_\_
- Thyroid disease \_\_\_\_\_
- Renal Failure / Dialysis \_\_\_\_\_