

Parham Surgery Center

HISTORY SCREENING FORM

7640 E Parham Road Henrico, VA 23294 PH (804) 285-4763 FAX (804) 288-8946

NAME _____ AGE _____ DOB _____ SS _____

SURGEON _____ Family Doctor &Phone # _____

SURGICAL PROCEDURE _____ Date of Surgery _____

Height _____ Weight _____ Last Menstrual Period _____ Phone Numbers: H: _____ Cell: _____ Work _____

EMERGENCY CONTACT NAME & NUMBER _____

<i>HISTORY OF</i>	YES	NO	<i>COMMENTS</i>	<i>HISTORY OF CONT.</i>	YES	NO	<i>COMMENTS</i>
Arthritis or Gout				Heart Disease / Problems			
Bleeding tendencies				• Angina / Chest Pain			
Clotting tendencies (incl: DVT)				• Heart attack			
Cancer, Growths, Tumors				• Stents			
Diabetes: type I; type II				• Pacemaker			
High Blood Pressure				• Defibrillator			
Lung/Breathing Disorders				• Heart Murmur			
• Asthma				• Mitral Valve Prolapse			
• Bronchitis				OTHER:			
• COPD				Metal Implants or Artificial Joints			
• Sleep Apnea				Cough longer than 3 weeks			
• Use CPAP				Night Sweats			
Gastrointestinal Problems				Eye Disease			
• Reflux				Unexplained weight loss			
• Hiatal Hernia				Catheters			
Kidney Disease				Dentures			
Neurological Disorders				Hearing Aid			
Stroke or Seizure				Contacts/glasses			
Liver Disease or Hepatitis							
Endocrine Disorders (thyroid)				ALLERGIES			
Sexually Transmitted Disease				Drug			
HIV Positive				Food Allergies			
Depression				Environmental Allergies			
Psychiatric Treatment				Latex:			
HABITS				Other			
Alcohol Use							
Tobacco Use							
Recreational Drug Use							

Other Conditions not addressed:

Medications: Please complete separate Medication Reconciliation Form

If you have answered YES to anything above, PLEASE Explain: _____

Previous Hospitalizations and/or surgeries: _____

Previous Anesthesia? YES NO DATE OF LAST: _____ WHERE? _____

Have you or a relative had a problem with anesthesia OR a history of UNEXPLAINED High Fever after surgery? YES NO IF YES, SPECIFY: _____

****PLEASE MAIL OR FAX COMPLETED FORM TO THE SURGERY CENTER IMMEDIATELY****

QUESTIONS? CALL PACU at (804) 591-2226

Rev.01/10