

COLON & RECTAL SPECIALISTS, LTD.

PATIENT MEDICAL AND SURGICAL UPDATE

Date _____ Patient's Name _____ Age _____ Height _____ Weight _____

Pharmacy Information

Name of Pharmacy _____ Telephone Number _____ Fax Number _____
 Address _____ City _____ State _____ Zip _____

Social History

Use of Alcohol	Use of Tobacco	Dates >	Start	Stop	Use of Drugs
Never _____	Never Smoker _____	Former Smoker _____	_____	_____	Never _____
Rarely _____	Current Every Day Smoker, Packs Per Day _____	_____	_____	_____	Type / _____
Moderate _____	Current Some Day Smoker, Packs Per Day _____	_____	_____	_____	Frequency _____
Daily _____	Heavy Smoker, Pack Per Day _____	_____	_____	_____	_____
	Light Smoker, Packs Per Day _____	_____	_____	_____	_____

Please list any new operations that you have had since your last visit.

Name / Type of Surgery	Date of Surgery
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Please list any new medical problems that you have had since your last visit.

Illnesses/Hospitalization	Date of Hospitalization, if applicable
1. _____	_____
2. _____	_____
3. _____	_____

Current Medications (include over the counter)	Dosage	Frequency
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

DRUG ALLERGIES _____

Signature _____ Date _____