



**SOUTHERN NEW MEXICO
SURGERY CENTER**

Health Screening

Completed by Patient

Date _____

Height _____ Weight _____

Neurologic Hx

Normal Paralysis Stroke / CVA
 Impaired Mental Status Seizures
 Fainting Spells Other _____

Respiratory Hx

Normal O2 Dependent Emphysema
 Shortness of Breath COPD Asthma
 Other _____

Cardiac Hx

Normal High Blood Pressure Arrhythmia
 Mitral Valve Prolapse Heart Attack
 Chest Pain Other _____

Renal Hx

Normal Calculi
 Renal Disease Incontinence
 Dialysis Other _____

Gastrointestinal Hx

Normal Ulcers Other
 Hepatitis Ostomy
 Acid Reflux Diverticulitis

Endocrine Hx

Normal Thyroid Disease
 Diabetes Other _____

Musculoskeletal Hx

Normal Amputation Osteoporosis
 Osteoarthritis Back/Neck Injury
 Rheumatoid Arthritis Other _____

Prosthetics / Implants / Assistive Devices

None Glasses Dentures/Partial
 Contacts Pacemaker / ICD
 Hearing aids Other _____
 Implants _____
 Walker Crutches Cane Wheelchair
 Other _____

Hematological Hx

Normal Blood Transfusions
 Anemia Bleeding Disorders
 HIV Other _____

Nutritional Hx

Normal Unexplained Wt Loss
 Loss of Appetite Other
 Difficulty Eating
 Referred to a Dietitian / MD

Psycho/Social Hx

Alcohol N Y _____
Tobacco N Y _____
Social Drugs N Y _____

Anesthesia Hx

No Previous Previous, No complications
 Hx Malignant Hyperthermia
 Complications _____

Cultural / Religious Barriers

N/A Language _____
 No Blood Other _____

Womens HX

Pregnancy Denied LMP _____
 Tubal Ligation Other _____
 Hysterectomy Post Menopausal

Patient Sticker