

**UNIVERSITY of TEXAS MINIMALLY INVASIVE SURGEONS of TEXAS
GENERAL SURGERY PATIENT HISTORY QUESTIONNAIRE**

First Name:	Middle Name:	Last Name:
Social Security Number:	Date of Birth:	
Gender: Male Female Marital Status: Single Married Widowed Divorced Separated Partnered		
Ethnicity: African American Arabic Asian Caucasian Hispanic Native American Other:		
Level of Education:	Religious Preference:	
Employment Status: Full-Time Part-Time Retired Disabled Housewife Student Unemployed		
Employer:	Occupation:	
Years Employed:	If Disabled, specify the year and the cause: Year: Cause:	
Spouse Name:	Employment Status:	
Spouse's Employer:	Years Employed:	

CONTACT INFORMATION:

Address:		
City:	State:	Zip Code:
Email Address:		
Home Phone:	Is it OK to leave a message at this number? Yes or No	
Work Phone:	Is it OK to leave a message at this number? Yes or No	
Mobile Phone:	Is it OK to leave a message at this number? Yes or No	
Emergency Contact #1:	Phone:	
Emergency Contact #2:	Phone:	
Primary/ Referring Doctor:	Phone:	

INSURANCE:

Primary Insurance Company:	
Member ID:	Group Number:
Insurance Co. Phone:	Policy Holder's Employer:
Policy Holder's Name:	Policy Holder's Date of Birth:
Relationship to Policy Holder:	
Secondary Insurance:	
Member ID:	Group Number:
Insurance Co. Phone:	Policy Holder's Employer:
Policy Holder's Name:	Policy Holder's Date of Birth:
Relationship to Policy Holder:	

QUESTIONNAIRE

How did you hear about us:	Newspaper	Other Patient	Physician	UTMIST.com
UTPhysicians.com	https://med.uth.edu/surgery/	MISTWEST.com	Television	

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Medical History

Medicines

Y	N	Diabetes Mellitus, Type II, controlled 250.00	
Y	N	Uncontrolled 250.02	
Y	N	High Blood Pressure 401.9 controlled	
Y	N	Uncontrolled (more than 140/90)	
Y	N	Hyperlipidemia 272.4	
Y	N	Obstructive Sleep Apnea; Y N CPAP	
Y	N	Sleep Study Year _____ 327.23	
Y	N	Cardiomyopathy of Obesity 425.11	
Y	N	Obesity Hypoventilation Syndrome 278.03	
Y	N	Fatty Liver Disease of Obesity 571.8	
Y	N	Pseudotumor Cerebri 348.2	
Y	N	Osteoarthritis Knee 716.96, Hip 716.95 Ankle 716.97; Shoulder 716.90 Neck 716.98	
Y	N	Heart Attack 412	
Y	N	Stroke (TIA or CVA) V12.54	
Y	N	Gastroesophageal Reflux Disease 530.81	
Y	N	Asthma 493.90	
Y	N	Hypothyroidism 244.9	
Y	N	Bleeding Disorders V12.3	
Y	N	Seasonal Allergies 477.9	
Y	N	Colonoscopy, Year _____	
Y	N	Chronic Kidney Disease or Dialysis	
Y	N	Hypercholesterolemia 272.0	
Y	N	Hepatitis A / B / C	
Y	N	Plantar Fasciitis	
Y	N	Seizures	
Y	N	Hemorrhoids	
Y	N		
Y	N		
Y	N		
Y	N		

Mental Health History

Medicines

Y	N	Anxiety 300.02	
Y	N	Depression 296.30	
Y	N	Bipolar disorder 296.80	
Y	N	Eating Disorder V11.8	
Y	N	Attention Deficit Disorder	
Y	N		
Y	N		
Y	N		

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Gynecological/Urological History

Medicines

Y	N	Number of Pregnancies _____ Children _____	
Y	N	Heavy Menses	
Y	N	Infertility	
Y	N	Urinary incontinence	
Y	N	Erectile Dysfunction	
Y	N	Kidney Stones	
Y	N	Prostate Problems / BPH/ Cancer	
Y	N		

Previous Surgeries (Please circle and fill in if not listed)

Inguinal Hernia	Left	Right		Cataracts	Gallbladder	Cesarean Section
Breast Biopsy	Left	Right		Pacemaker	Heart Valve	Tubal Ligation
Mastectomy	Left	Right		Heart Bypass	Heart Stents	Hysterectomy
Knee Surgery	Left	Right		Thyroid	Dialysis Graft	Tonsillectomy
Shoulder	Left	Right		Back Surgery	Neck Surgery	Reflux Surgery
Hip Surgery	Left	Right		Abdominal or Incisional Hernia		
Lap Band				Cosmetic or Plastic Surgery		
Gastric Bypass						
Gastric Sleeve						

Family Medical History (Please circle and fill in if not listed)

Hypertension	Diabetes	Obesity	Bleeding disorders	Heart Disease	
Breast Cancer	Colon Cancer	Lung Cancer	Cervical Cancer	Prostate Cancer	

Allergies

Medicines	Food	Others

Social History

Smoking Never Yes No ___Packs per day **Chewing Tobacco** Never Yes No

Alcohol Never Yes No Occasional/ Daily/ Heavy **Other Substances** Y N

I have reviewed the Previous Medical, Surgical, Gynecologic/Urologic, Mental Health History, Medicines, Allergies, and Social History with the patient, patient surrogate or medical records

Resident/Fellow _____ Attending: _____ Date: _____ Time _____