

Center for Hand Surgery
385 Bert Kouns, Bldg 500, Shreveport, LA 71106
866-350-HAND or 318-686-9986 fx: 318-686-9505

Name _____ Birth Date _____ Age _____ Sex F M

Occupation _____ Are you? (Circle one) Right-handed Left-handed Ambidextrous

Are you currently pregnant? _____ How many weeks? _____

Are you allergic to any prescription medications? Y N If so, please list name and reaction.

1. _____ 2. _____

3. _____ 4. _____

Do you take any prescription or non-prescription medications or herbals? Y N If so, please list:

1. _____ 4. _____ 7. _____

2. _____ 5. _____ 8. _____

3. _____ 6. _____ 9. _____

Have you had any surgery within the last 5 years? Y N If so, please list procedure, which side of body, and date.

Have you had any of the following in the last 5 years? Circle and indicate date if appropriate.

Acid Reflux Anemia Asthma Back Pain Blood Clots Chest Pain Depression

Diabetes Dizziness Emotional Problems Free Bleeder Glaucoma Gout Hearing Loss

Heart Attack (when) _____ Heart Disease Heart Murmur High Blood Pressure HIV/Aids

Hepatitis A B C Incontinence Kidney Stones Memory Loss Menstrual Problems

Migraines or Headaches Osteo/rheumatoid arthritis Osteoporosis Palpitations Seizures

Shortness of breath Stomach Ulcers Stroke (When) _____ Tetanus Shot (year) _____

Thyroid High or Low Wear Glasses or Contacts Cataracts

Cancer (Indicate type and current treatment) _____

Indicate how many packs or amount of tobacco you use.

Indicate how many or amount of alcohol you use.

Tobacco: how many per day _____ per week _____ Do not use _____ **Alcohol** per day _____ per week _____ Do not use _____
 (Cigarettes, cigars, smoke, dip, or chew) (beer, wine, liquor)

Caffeine (soft drinks) per day _____ (coffee/tea) per day _____ Do not use _____ **Marijuana** _____ Do not use _____

Family History – has anyone in your family ever had any of the following problems? (Circle) Anesthesia Complications

Asthma Cancer Diabetes Heart Attack Heart Disease High Blood Pressure

Seizures Stroke Tuberculosis Other/explain _____

Bring with your appointment or fax to 318-686-9505 prior to your appointment