Surgery of London

Health Questionnaire

Name: _____ Date: _____ Age____ Height ____ Weight: _____

Family Physician: _____ Other Physician: _____

Why are you here to see the doctor?

_____

Medications:

Allergies: _____

Past Medical Problems: (please check if you have had any of the following)

	ICD9		ICD9		ICD9	
__ Heart Attack	414.00	__ High Blood Pressure	401.9	__Thyroid Disease	244.9	__ Reaction to dyes/ shellfish
__ Angina	413.9	__ Diabetes	250.00	__ Bleeding Disorder	286.9	__ Claustrophobic
__ Arrhythmia	427.9	__ Anemia	285.90	__ Stroke	436	__ Metal Implants
__ Lung Disease	496	__ Kidney Failure	586	__ Seizures	780.39	__ Pacemaker Implant
__ Asthma	493.90	__ Acid Reflux	530.81	__ Cancer		__ Defibrillator Implant
__ Sleep Apnea	780.57	__ High Cholesterol	272.0	__ Other		__ Latex Allergy

If you checked any of the above, please briefly explain:

_____

_____

_____

Past Surgeries:

_____

_____

Family Medical History:

__ Breast Cancer	__ Heart Attack	__ Diabetes	__Gallbladder Disease
__ Stroke	__ Thyroid Disease	__ Ovarian Cancer	__High Blood Pressure
__ Colon Cancer	__ Other Cancer_____		

_____
Physician Initial's

_____
Date