



DARTMOUTH-HITCHCOCK • MANCHESTER

Department of General Surgery

PATIENT INTAKE FORM

Name:

Date:

DOB:

Reason for your visit today:

Please list past surgeries, if any:

Surgery	Date	Doctor	Hospital

Please list any medical problems (examples: high blood pressure, heart disease)

Have you had a recent colonoscopy or flexible sigmoidoscopy? Yes ___ No ___
If yes then please list the date: _____ and facility: _____

Have you had any recent X-rays, such as a CT scan? Yes ___ No ___
Date: _____ Facility: _____

Do you have any family history (mother, father or siblings) for colon cancer or colon polyps?
If yes, please explain _____

Do you smoke? Yes ___ No ___
How many packs per day? _____
How many years have you smoked? _____

Do you drink alcoholic beverages? Yes ___ No ___
How many drinks per week? _____

Are you diabetic? Yes ___ No ___

Review of symptoms: please circle all that apply:

<u>General:</u>	Recent change in usual weight, Weakness, Fatigue, Fever
<u>Skin:</u>	Rash, Lumps, Sores, Itching, Dryness, Color change, Change in hair or nails
<u>Head:</u>	Headaches, Head Injury
<u>Eyes:</u>	Vision problems, Glasses, Pain, Redness, Excessive tearing, Double vision, Blurred vision, Spots, Specks, Glaucoma, Cataracts
<u>Ears:</u>	Change in hearing, Ringing sound, Room spins, Dizzy, Earache, Infection, Discharge, Hearing aids
<u>Nose/Sinuses:</u>	Frequent colds, Nasal stuffiness, Discharge, Itching, Hay Fever, Nose bleeds, Sinus trouble
<u>Mouth/Throat:</u>	Bleeding gums, Dentures, Sore Throat, Dry Mouth, Sores, Hoarseness
<u>Neck:</u>	Lumps, "Swollen Glands", Pain, Stiffness, Goiter
<u>Breasts:</u>	Lumps, Pain, Discomfort, Nipple Discharge, Change in Self-Examination, Do Not Perform Self Examination
<u>Respiratory:</u>	Cough, Sputum, Blood in sputum, Wheezing, Asthma, Bronchitis, Emphysema, Pneumonia, Tuberculosis, Pleurisy
<u>Cardiac:</u>	Heart trouble, High blood pressure, Rheumatic Fever, Heart murmur, Chest pain, Shortness of breath, Shortness of breath at night
<u>Gastrointestinal:</u>	Trouble swallowing, Heartburn, Change in appetite, Nausea, Vomiting, Regurgitation, Vomiting of blood, Indigestion, Change in bowel movements (frequency, color, size), Rectal bleeding, Constipation, Hemorrhoids, Diarrhea, Abdominal pain, Food intolerance, Gas, Gallbladder trouble, Hepatitis
<u>Urinary:</u>	Change in frequency of urination, Excessive urination, Get up in the middle of the night to urinate, Blood in urine, Dribbling, Incontinence, Urinary infection, Stones
<u>Genital:</u>	Hernia, Sores, Discharge, Rash, Pain, Bleeding, Itching, Problems with sexual function
<u>Vascular:</u>	Leg pain, Leg cramps, Varicose veins, Blood clots in the past
<u>Musculoskeletal:</u>	Muscle pain or joint pain, Stiffness, Arthritis, Gout, Backache
<u>Neurological:</u>	Fainting, Blackouts, Seizures, Weakness, Paralysis, Numbness or loss of sensation, Tingling, "Pins and needles", Tremors
<u>Hematological:</u>	Anemia, Easy bruising, Bleeding, Past transfusions, Bad reaction to previous transfusions
<u>Endocrine:</u>	Thyroid trouble, Heat or cold intolerance, Excessive sweating, Diabetes, Excessive thirst or hunger, Excessive urination
<u>Psychiatric:</u>	Nervousness, Tension, Depression, Other psychiatric problems, Memory problems

