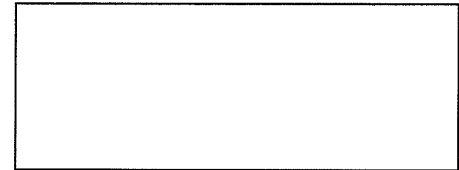
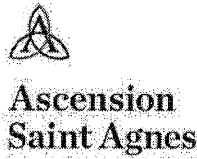


Steven C. Cunningham, MD, FACS
Director of Pancreatic & Hepatobiliary Surgery
Saint Agnes Hospital Center Angelos Medical Pavilion
3407 Wilkens Avenue, Suite 410, Baltimore, MD 21229
Tel: 443-574-8500; Fax: 410-719-0094; Cell 443-814-6773
Steven.Cunningham@ascension.org



New-Patient, Medical-History Form

Welcome!

Name: _____ DOB and age: _____ Date: _____

How are you feeling today? _____ Reason for referral: _____

Referring doctor(s): _____ Primary doctor(s): _____

Symptoms (circle all that apply): Pain Nausea Bulge or mass Diarrhea Bleeding Itching None
Other: _____ Symptoms started on: _____

Character of pain: Dull Sharp Tearing Burning Crampy None Other: _____

Symptoms are: Mild Moderate Severe; Pain score (0-10): At worst _____ and now _____

Pain: Is constant Comes and goes Lasts how long: _____

What makes symptoms better: _____; What makes them worse: _____

Other information about your symptoms: _____

Previous CT, MRI, US, or other tests: _____

Have you had any falls in past 2 years? Yes No

Please list all **Medical Problems**:

Please list all **Operations** and dates as best as you can recall:

Please list all **Medications** and doses if you know them:

Allergies: _____

Name: _____ DOB and age: _____ Date: _____

Please list any Family Medical History: _____

Psycho-Social-Spiritual History (please fill in the blanks, or circle):

Married Single Separated Divorced Widowed Partner Significant Other
 With whom do you live, if anyone: _____; # of children, if any: ____; Ages: _____

If you are currently working, what do you do? Not working Working: _____
 Used to work as a _____ but _____

Do you smoke? No Never Yes: ____ packs/day for ____ years. Quit ____ mo/yr ago.
 Do you drink alcohol? No Never Yes: ____ drinks/day for ____ years. Quit ____ mo/yr ago.
 Any recent recreational drug use: _____; or None.

How do you see yourself regarding religion/spirituality?

	Religious	Spiritual	Both	Neither
Are at peace?	Not at all	Somewhat	Moderately	Quite a bit
Are you currently struggling with loss of meaning and joy in your life?	Not at all	Somewhat	Moderately	Quite a bit
Do you currently have what you would describe as religious or spiritual struggles?	Not at all	Somewhat	Moderately	Quite a bit
	Very much			Very much

Review of Symptoms: Check "None" or circle any that apply below		
GENERAL	<input type="checkbox"/> None	Weight loss or gain, fatigue, fever, night sweats, or change in appetite. How many blocks or flights of stairs you can climb: _____.
INTEGUMENTARY	<input type="checkbox"/> None	Rashes, itching, tattoos, or color change.
HEENT	<input type="checkbox"/> None	Headaches, vision changes, or enlarged nodes or glands.
RESPIRATORY	<input type="checkbox"/> None	Cough, wheezing, shortness of breath, or asthma.
CARDIAC	<input type="checkbox"/> None	Chest pain, heart flutter, or heart murmurs.
GASTROINTESTINAL	<input type="checkbox"/> None	Nausea, vomiting, diarrhea, bleeding, constipation, abdominal pain, bloating, hepatitis, light-colored or floating stool, or reflux.
ENDOSCOPY	<input type="checkbox"/> None	Date of last colonoscopy: _____. Last upper endoscopy: _____.
GENITOURINARY	<input type="checkbox"/> None	Painful, difficult, frequent urination, incontinence, or dark urine.
RENAL	<input type="checkbox"/> None	Kidney stones or other problems.
ENDOCRINE	<input type="checkbox"/> None	Thyroid problems or diabetes.
MUSCULOSKELETAL	<input type="checkbox"/> None	Weakness or joint pains.
NEUROLOGICAL	<input type="checkbox"/> None	Fainting, seizures, stroke, loss of vision, or trouble speaking.
HEMATOLOGIC	<input type="checkbox"/> None	Easy bruising or bleeding, anemia, or blood transfusion.
VASCULAR	<input type="checkbox"/> None	Leg pain when walking, blood clots, stroke.
INFECTIOUS	<input type="checkbox"/> None	Recent infections. I take antibiotics before dental procedures.
BREAST	<input type="checkbox"/> None	Pain, lumps, or discharge. Date of last mammogram: _____
GYNECOLOGIC	<input type="checkbox"/> None	Vaginal bleeding or discharge.

Reviewed by physician: _____