Dr. Andy Higgins
breast surgeon
SPECIAL CARE IS OUR PRACTICE.

Today's Date:________________________

Patient Medical Information

Patient Name: ____DOB: ____________________________

Primary Care: ___________________________ GYN:_____________________Referred by:________________________

Reason for Consultation: ____

____

Past Medical History: (Check all that apply)

○ Diabetes ○ High cholesterol ○ Over active thyroid ○ Under active thyroid ○ High blood pressure ○ Atrial fibrillation ○ Congestive heart failure ○ Arteriosclerotic heart disease/angina ○ Heart attack/Myocardial infarction ○ Asthma/RAD ○ COPD/Emphysema ○ Sleep apnea ○ Stroke/CVA ○ Mini stroke/TIA	○ Gastroesophageal reflux disease (GERD) ○ Osteoarthritis ○ Rheumatoid arthritis ○ Osteoporosis ○ Blood clot in vein/DVT ○ Blood clot in lungs/PE ○ Breast Cancer ○ Prostate Cancer ○ Ovarian Cancer ○ Colon Cancer ○ Skin Cancer ○ Other Cancer:_____________________________ ______________________________________ Other: ____

List all allergies to **medications** and your reaction: NONE ☐

ALLERGY	Reaction	ALLERGY	Reaction

List all medications you are taking-prescription and over the counter:

Name of MEDICATION	Dosage	Frequency	Name of MEDICATION	Dosage	Frequency

Past Surgical History: (Check all that apply)

- ○ Tonsillectomy and adenoidectomy
- ○ Laparoscopic/Open cholecystectomy (gallbladder)
- ○ Laparoscopic/Open appendectomy (appendix)
- ○ Hernia Repair: Type___________________________
  For Inguinal Hernia (Right, Left, Bilateral)
- ○ Total hip replacement (Right, Left, Bilateral)
- ○ Total knee replacement (Right, Left, Bilateral)
- ○ Microdiscectomy
- ○ Laminectomy (Single/Multi Level)
- ○ Spine fusion: Level___________________________
- ○ Angioplasty
- ○ Coronary Artery Bypass Graft (CABG)
- ○ Partial mastectomy/lumpectomy (Right, Left, Bilateral)
- ○ Total Mastectomy (Right, Left, Bilateral)
- ○ Sentinel node biopsy (Right, Left, Bilateral)
- ○ Axillary dissection (Right, Left, Bilateral)
- ○ C-section
- ○ Tubal ligation
- ○ Hysterectomy - Abdominal/vaginal/ laparoscopic/robotic
- ○ Oophorectomy -Removal of Ovary (Right, Left, Bilateral)
- ○ Salpingectomy - Removal of Fallopian Tubes
  (Right, Left, Bilateral)
- ○ Other:____
  ____

Hospitalizations:

Year:	***Reason:***

Family History: (Please place an "X" in the correct box for diagnosis and family member)

					Maternal				Paternal			
	Father	Mother	Brother	Sister	Grand-mother	Grand-father	Aunt	Uncle	Grand-mother	Grand-father	Aunt	Uncle
Alive (Circle)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Hypertension												
Alcoholism												
Heart Disease												
Stroke												
Diabetes												
Asthma												
CHF												
Breast Cancer												
Prostate Cancer												
Pancreatic Cancer												
Ovarian Cancer												
Colon Cancer												
Other Cancer												

Social History:

	Yes	**No**	**How Often**	
Alcohol use				Married ☐ Widowed ☐ Divorced ☐
Tobacco use				Significant other ☐ Single ☐
Former Smoker (How long ago did you stop)				Employed ☐ Retired ☐ Unemployed ☐ Student☐
Recreational drug use				Occupation:
Marijuana				

****THIS SECTION FOR BREAST PATIENTS ONLY****

 # Sons________ # Daughters________# Brothers________# Sisters________# Maternal Aunts________# Paternal Aunts________