Patient Registration

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General and Bariatric Surgery

Please bring this registration form to your first visit

Name (*first*) _____ *(middle)* _____ *(last)* _____

Age _____ Date of Birth _____ Social Security # _____

Address _____

(city) _____ *(state)* _____ *(zip)* _____

Telephone *(h)* _____ *(c)* _____ *(w)* _____

Occupation _____ Employer's Name _____

Marital Status Married Single Divorced Widowed Separated

Spouse/Partner's Name _____

Emergency Contact _____ *(relation)* _____ *(telephone)* _____

Advanced Directive Do you have a living will? Yes No
Healthcare Power of Attorney? Yes No

If Yes, Contact Person _____ *(telephone)* _____

Primary Pharmacy _____ *(telephone)* _____

Primary Care Physician _____ *(telephone)* _____

Referring Physician _____ *(telephone)* _____

Primary Insurance _____

(ID#) _____ *(Group#)* _____

Policy Holder's Name _____ *(DOB)* _____

Secondary Insurance _____

(ID#) _____ *(Group#)* _____

I hereby acknowledge receipt of Dr. Monash's HIPAA Notice of Privacy Practices,

Signature _____ Today's Date _____

Have you ever been diagnosed with, or suffered from, the following *(please circle)*?

Diabetes	Depression
High Blood Pressure	Leaking of Urine
High Cholesterol	Swollen Ankles
Sleep Apnea	Blood Clot
Reflux/Heartburn	Social Anxiety
Back Pain	Menstrual Irregularities
Joint Pain	Frequent Headaches

Please list any other past or present medical problems

_____	_____
_____	_____
_____	_____
_____	_____

Please list any previous surgeries or procedures *(include dates)*

_____	_____
_____	_____
_____	_____

Medications Dosages

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Medication Allergies and Reactions _____

_____

Family History of Significant Medical Problems

Mother _____ Father _____

_____ _____

Siblings _____ Children _____

Do you smoke cigarettes? Yes No If yes, _____ packs per day for _____ yrs

Have you quit? If yes, _____ yrs smoked Quit Date _____

Do you drink alcohol? Yes No If yes, _____ drinks per week

Please check any of the following that you have, or have had in the recent past

Neurologic
__ Dizziness
__ Temporary vision loss
__ Confusion
__ Headache
__ Paralysis
__ Numbness in hands/feet
__ Weakness
__ Seizures

Hematologic/Immunologic
__ Fever
__ Chills
__ Night sweats
__ Easy bruising
__ Fatigue
__ Swollen lymph nodes
__ Bleeding gums

Gastrointestinal
__ Difficulty swallowing
__ Constipation
__ Diarrhea
__ Indigestion
__ Nausea
__ Abdominal pain
__ Vomiting
__ Blood in stool

Endocrine
__ Excessive thirst
__ Menopausal
__ Hair loss

Otolaryngolic
__ Cataracts
__ Nearsightedness
__ Farsightedness
__ Hard of Hearing

Obstetric
__ Number of pregnancies
__ Number of live births

Respiratory
__ Choking at Night
__ Shortness of breath
__ Wheezing
__ Productive cough
(mucous or blood)
__ Chronic cough

Cardiovascular
__ Chest pain
__ Irregular heartbeat
__ Leg cramps with exercise
__ Blood clot
__ Low blood pressure
__ Swelling of feet or ankles

Genitourinary
__ Frequent urination
__ Painful urination
__ Leaking of urine
__ Blood in urine
__ Difficulty emptying bladder

Psychiatric
__ Anxiety
__ Depression
__ Unusual Stress
__ Bulimia
__ Anorexia
__ Bipolar
__ Schizophrenia

Skin
__ Itching
__ Sores or ulcerations
__ Rashes or discoloration

Musculoskeletal
(Pain or Weakness)
__ Shoulder __ Hip
__ Back __ Knee
__ Foot __ Ankle
__ Hand __ Other

DIET	TIME LENGTH	YEAR	WEIGT LOST
Appetite Suppressant Diet			
Adkins Diet			
Beverly Hills Diet			
Bioslim			
Cabbage Soup Diet			
Caborad			
Carbohydrate Addicts Diet			
Dexatrim			
Diabetic Diet			
Diuretics			
Fit For Life			
Herbal Remedies			
Hospital Diet			
Jenny Craig			
Laxatives			
Low Carbohydrate Diet			
Low Fat Diet			
Medifast			
Meridia			
Metabolife			
Metabolite			
NutriSystem			
Optifast			
Overeater's Anonymous			
Perricone Promise			
Phen-Fen			
Phenteremine			
Physician Supervised Diet			
Redux			
Richard Simmons Deal-A-Meal			
Slim Fast			
South Beach Diet			
Starvation Diet			
Sugar Busters			
The Diet Center			
The Grapefruit Diet			
The Pritkin Diet			
The Scarsdale Diet			
The Zone			
TOPS			
Trim Spa			
Weight Loss Camp			
Weight Watchers			
Xenical			