CALIFORNIA
HERNIA
SPECIALISTS
TODD S. HARRIS, MD

OUTPATIENT QUESTIONNAIRE

Name: _____ Today's Date: _____

Date of Birth: _____ Height: _____ Weight: _____

1. Reason for today's visit? _____

2. Do you have any allergies? ☐ Yes ☐ No
If yes, please include allergies or sensativities to drugs, foods, environment, or latex and the type of reaction: _____

3. Medical History (please mark all that apply):

☐ Asthma	☐ Gastrointestinal Problems	☐ Seizure Disorder
☐ Bleeding Disorder	☐ Heart Disease	☐ Shortness of Breath
☐ Blood Disease	☐ High Blood Pressure	☐ Skin Condition
☐ Bone Disorder	☐ Implanted Device	☐ Stroke
☐ Cancer	☐ Infectious Disease	☐ Thyroid Disorder
☐ Chipped / Loose Teeth	☐ Kidney Disease	
☐ Collagen Vascular Disorder	☐ Liver Disease	
☐ Dentures	☐ Mental Illness	
☐ Diabetic	☐ Multiple Myeloma	
☐ Dialysis	☐ Neurological Disorder	
☐ Dizziness / Fainting	☐ Pulmonary (Lung) Disease	

☐ Family History of Anesthesia Problems ☐ Family History of Kidney Disease

4. Previous Hospitalizations / Surgery (Date / List / Describe): _____

5. Medications: (including over the counter medications and dietary supplements)
Have you taken any blood thinners in the last 10 days? ☐ Yes ☐ No

Name	Dose	Frequency	Last Taken

Have you taken any sedatives in preparation for your exam today? ☐ YES ☐ NO
If yes, please indicate what kind of medication and dosage: _____ Time: _____

6. Have you had any imaging studies recently? ☐ Yes (list) _____ ☐ No

7. Are you pregnant? ☐ Yes ☐ No ☐ N/A ☐ Last Menstrual Period _____

_____ _____
Patient Date

_____ _____
Staff Date

4501 Birch Street, Newport Beach, CA 92660 OFFICE: 949.221.0136 FAX: 949.223.4702
Harris@CaliforniaHerniaSpecialists.com www.californiaherniaspecialists.com