CALIFORNIA
HERNIA
SPECIALISTS
TODD S. HARRIS, MD

MEDICAL HISTORY REVIEW

(As you review the following list, please check any of those problems, which have significantly affected you).

SOCIAL HISTORY

Do you drink caffeinated beverages? ☐ Yes ☐ No

Cups/glasses per day? _____

Do you smoke? ☐ Yes ☐ No ☐ Past How long ago? ____

Do you drink alcohol? ☐ Yes ☐ No Number per week _____

Do you use drugs for reasons that are not medical? ☐ Yes

If yes, please list: _____

_____

Do you exercise regularly? ☐ Yes ☐ No

Type: _____

Amount per week _____

How many hours of sleep do you get at night? _____

Do you get enough sleep at night? ☐ Yes ☐ No

Do you wake up feeling rested? ☐ Yes ☐ No

PAST MEDICAL HISTORY

Do you now or have you ever had: (Check if *"ys"*)

☐ Cancer	☐ Heart problems	☐ Asthma
☐ Goiter	☐ Leukemia	☐ Stroke
☐ Cataracts	☐ Diabetes	☐ Epilepsy
☐ Stomach ulcers	☐ Jaundice	☐ Nervous Breakdown
☐ Kidney Disease	☐ Pneumonia	☐ Rheumatic Fevers
☐ Bad Headaches	☐ Colitis	☐ Psoriasis
☐ Anemia	☐ HIV/AIDS	☐ High Blood Pressure
☐ Emphysema	☐ Glaucoma	☐ Tuberculosis

Other significant illness (please list) _____

_____

Natural or Alternative Therapies (chiropractic, magnets, massage, over – the - counter preparations, etc.)

_____

_____

PREVIOUS OPERATIONS

Type	Year	Reason/Complications
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Any previous fractures? ☐ No ☐ Yes Describe: _____

Any other serious injuries? ☐ No ☐ Yes Describe: _____

FAMILY HISTORY

	IF LIVING		IF DECEASED	
	AGE	HEALTH	AGE AT DEATH	CAUSE
Father				
Mother				

Number of siblings _____ Number living _____ Number deceased _____

Number of children _____ Number living _____ Number deceased _____ List ages of each _____

Health of children: _____

_____

Do you know of any blood relative who has or had: (check and give relationship)

☐ Cancer _____ ☐ Heart Disease _____ ☐ Rheumatic Fever _____ ☐ Tuberculosis _____

☐ Leukemia _____ ☐ High Blood Pressure _____ ☐ Epilepsy _____ ☐ Diabetes _____

☐ Stroke _____ ☐ Bleeding tendency _____ ☐ Asthma _____ ☐ Goiter _____

☐ Colitis _____ ☐ Alcoholism _____ ☐ Psoriasis _____

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