

**PATIENT HEALTH HISTORY**

In order for us to obtain a complete medical history, it is important for you to fill out this form as completely as possible. This is very important information. **Please fill out every item.** It is important for your doctor to know you have carefully reviewed every area of this form. This information will be entered into the computer and you are welcome to a copy of the report if you wish.

**Patient's Last Name** \_\_\_\_\_ **First** \_\_\_\_\_ **MI** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Ethnicity:**  Hispanic or Latino  Non-Hispanic or Latino

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **Preferred Language:** \_\_\_\_\_

**REASON FOR TODAY'S VISIT:** \_\_\_\_\_

**PLEASE LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING:**

Name of Medication	Dosage	How Often Taken

**ARE YOU ALLERGIC TO ANY MEDICATION?** \_\_\_ Yes \_\_\_ No. If yes, please list below:

Name of Medication	Type of Reaction

**SURGERIES AND HOSPITALIZATIONS.**

Have you ever had any problems with anesthesia (being numbed or put to sleep)? \_\_\_ Yes \_\_\_ No

If yes, please list type of problems:

\_\_\_\_\_

\_\_\_\_\_

List any surgeries you have had (including dates):

\_\_\_\_\_

\_\_\_\_\_

Have you ever been hospitalized for non-surgical reasons? \_\_\_ Yes \_\_\_ No If yes, list reasons for hospitalizations

\_\_\_\_\_

**Notification of Physician Ownership**

I have been made aware that Wilson T Barham, MD has ownership/investment interest in P & S Surgical Hospital, at 312 Grammont Street Suite 100, Monroe, LA 71201. Lee A Miller, MD has ownership/investment interest in Advance Surgical Center of Northern LA, at 1601 Louisville Avenue in Monroe, LA 71201, as mandated by the Center of Medicare Services effective June 08, 2009.

Sign: \_\_\_\_\_

This \_\_\_ day of \_\_\_\_\_, 20\_\_.