Surgery Clinic of Wellington
Sumner Regional Medical Center
1323 North A Street
Wellington, KS 67152-4350

PATIENT INFORMATION SHEET

Patient Name:_____ Date:_____

Social History

What is your marital status? Married___ Single___ Other_____
What is your occupation? (if retired, your previous occupation)_____
Do you smoke? Yes___ No___ If yes, how much and how often?_____
Do you drink alcoholic drinks? Yes___ No___ If yes, how much and how often?_____
Do you take any recreational drugs? Yes___ No___
If yes, please list:_____
Have you had a flu shot? Yes___ No___ What year?_____
Have you had a pneumonia vaccine? Yes___ No___ What year?_____

Medical Conditions

General Health

___Recurrent Infections/Fevers ___Fatigue ___Night Sweats
___Recent Weight Loss ___Decreased Appetite ___No Problems
Other_____

Head, Ears, Nose and Throat

___Ear Infections ___Headaches ___Fullness in Head
___Sore Throat ___Nose Bleeds ___No Problems
Other_____

Eyes

___Glasses or Contacts ___Eye Infections ___Blurred Vision
___Cataracts ___No Problems
Other_____

Heart

___Chest Discomfort ___Tightness ___Thumping/Pounding
___Heart Murmur ___Swollen Ankles ___Shortness of Breath
___Rheumatic Fever ___High Blood Pressure ___No Problems
Other_____

Lung

___Difficulty Breathing ___Cough ___Wheezing
___Coughing up Blood or Mucus ___Sleep Apnea ___No Problems
Other_____

Stomach and Intestinal

___Special Diet ___Change in Appetite ___Heartburn/Use Antacids
___Nausea/Vomiting ___Problems Swallowing ___Black Stools
___Ulcers ___Constipation ___No Problems
Other_____

Reproductive

___Burning with Urination ___Frequent Urination ___Sudden Urge to Urinate
___Irregular Periods ___Clots ___Cramps
___Prostate Problems ___No Problems
Other_____

Skin, Breast

___Sores ___Open Wounds ___Rash/Itching
___Lumps/Growths ___Changes in Moles ___Hair Loss
___Tenderness or Pain in Breast ___Discharge from Nipple ___Lumps in Breast
___No Problens
Other_____

Endocrine/Hormone

___Heat or Cold Intolerance ___High Blood Sugar ___Low Blood Sugar
___No Problems Other_____

Muscle, Joint, Bone

___Joint Pain ___Stiffness ___Swelling
___Muscle Pain ___Muscle Cramping/Spasms ___Neck/Back Pain
___No Problems Other_____

Veins (blood vessels), Lymphatic

___Excessive Bleeding ___Bruise Easy ___Swollen Lymph Nodes
___No Problems Other_____

Emotional

___Depression ___Mood Disorder
Other_____

Nervous System

___Seizures ___Dizziness ___Memory
___No Problems Other_____

Infections

___HIV ___Hepatitis ___MRSA