Patient Information Form –Dr. Devin Gray

Surgical Professionals – General Surgery

4135 S. Power Road, Ste 117, Mesa AZ 85212 -- 21321 E. Ocotillo Rd, Ste 102, Queen Creek, AZ 85142

Name: _____ Age: _____ Today's Date: ____/____/____

Primary Care Doctor: _____ Doctor's Phone: _____

How were you referred to this office? _____

Pharmacy: _____ Pharmacy Phone: _____

What is your main surgical problem: _____

What other medical problems do you have (such as hypertension, diabetes, heart conditions, etc)?

_____

_____

What ALLERGIES to medications do you have? _____

Are you allergic to shellfish? Y / N Are you allergic to IV dye? Y / N

What other surgeries have you had? _____

Have you ever had problems with anesthesia? _____

What medical problems run in your family? _____

_____

Do you smoke? Y / N If so, how many packs a day? _____ **Do you use an electronic cigarette?** Y / N

How many years? _____ If not, have you smoked in the past year? Y / N

Do you drink alcohol? Y / N How many drinks a day? _____ Any history of drug abuse? Y / N

What is your current occupation? _____

Have you RECENTLY had significant problems with any of the following? (Circle if yes)

Severe Headaches	Dizziness	Cough / Congestion	Shortness of Breath	Rash
Chest Pain	Nausea or Vomiting	Diarrhea	Blood in Stool	Numbness
Loss of Vision	Blacking Out	Burning on Urination	Blood in Urine	Joint Pain
Easy Bruising	Palpitations	Fever / Chills	Weight Gain / Loss	

List your medications below: Be sure to include herbal, contraceptives, and over the counter medications as well

_____ _____ _____

_____ _____ _____

_____ _____ _____

Are you currently or have you recently taken:

Aspirin	Y / N
Prednisone / Steroids	Y / N
Blood Thinners	Y / N
Plavix / Lovenox	Y / N

Have you had:

Blood Work in the Past 30 Days?	Y / N
EKG	Y / N
Stress Test / Heart Cath	Y / N

OFFICE USE ONLY **VITALS** PER: _____ **OFFICE USE ONLY**

BP: _____/_____ Pulse: _____ Temp: _____ Height: _____ Weight: _____