

# *Ali Namazie MD, FACS*

## **Medical History**

Allergies to Medications or foods:

Current medications: (please list dosages, include vitamins, herbs, homeopathic remedies and over-the-counter medications, especially aspirin or ibuprofen)

Please list any prior surgeries with dates:

Have you ever had difficulty with anesthesia?

- Yes
- No
- If yes, please describe

Do you have any chronic medical problems? (please list and describe as best as you can)

Do you smoke?

- Yes
- No
- If yes, how much?

Alcohol use:

- Yes
- No
- If yes, how much?

Family medical history:

Review of systems:

Please check any of the following conditions if they apply to you, and use the space at the right to describe your answers in more detail:

General Medical Conditions:

- Any recent weight gain
- Any recent weight loss
- Any recent use of intravenous drugs
- History or skin cancers
- Reactions to medication
- Difficulty healing wounds

Vision and Hearing:

- Glaucoma
- Dry eye problems cataracts
- Hearing loss
- Ringing in the ears
- Dizziness
- History of ear surgery

Blood Diseases:

- Easy bruising/blood clotting problems
- Family history of bleeding problems
- Lymphoma/Leukemia

Cardiac:

- Shortness of breath
- High blood pressure
- Heart attack
- Irregular heartbeat
- Pulmonary

Respiratory:

- Asthma
- Chronic lung diseases (i.e., Emphysema)
- Snoring
- Daytime sleepiness
- Chronic runny nose
- Post nasal drip
- Recurrent sinus infections
- Any change in your voice
- Hoarseness
- Coughing up blood

Gastrointestinal System:

- Difficulty swallowing
- Reflux of stomach acid
- Peptic ulcers
- Abdominal hernias
- Blood in stool
- Vomiting
- Constipation
- Hepatitis
- History of liver problems
- Jaundice
- Gall bladder disease

Kidney Problems:

- Urinary blockage
- Kidney stones
- Urinary tract infections
- Prostate

Endocrine:

- Diabetes
- Thyroid disorders
- Excessive thirst
- Excessive cold
- Fatigue

Neurologic Disease:

- Stroke
- Weakness
- Muscle disorder
- Depression
- Psychiatric disorders

GYN History:

- Onset of menstrual cycle
- Approximate date of menopause
- Irregular cycles? Yes? No?
- Could you be pregnant? Yes? No?