



524 Zeagler Drive  
 Palatka, Florida  
 (386) 385-3857 fax (386) 530-2052  
 HyperbaricsPalatka@gmail.com

## MEDICAL/SURGICAL HISTORY

Registration Date:

Patient Name:

Date of Birth:

*Please respond to the best of your knowledge. An intake practitioner will review with you and answer any questions.*

Date of most recent physical examination: \_\_\_\_\_ Dr's Name/Specialty: \_\_\_\_\_

Reason for exam: \_\_\_\_\_

DO YOU HAVE or HAVE YOU EVER HAD:

	Y	N		Y	N
Hospitalization for illness or injury			Osteoporosis/penia (taking bisphosphonates)		
Allergic reaction			Arthritis, rheumatoid arthritis, lupus		
Heart problems, cardiac stent last six months			Glaucoma / Cataracts		
History of infective endocarditis			Contact lenses		
Artificial heart valve, repaired heart defect			Head or neck injuries		
Pacemaker or implantable defibrillator			Epilepsy, convulsions (seizures)		
Artificial prosthesis (heart valve or joints)			Neurologic disorder (ADD/ADHD)		
Tumor, abnormal growth			Viral infections and cold sores		
Radiation therapy			Any lumps or swelling in the mouth		
Chemotherapy, immunosuppressive			Hives, skin rash, hay fever		
Rheumatic or scarlet fever			STI/STD		
High or low blood pressure			Hepatitis (type_____)		
A stroke (taking blood thinners)			HIV or AIDS		
Anemia or other blood disorder			Emotional problems		
Prolonged bleeding due to slight cut (INR>3.5)			Psychiatric treatment		
Emphysema, shortness of breath, sarcoidosis			Antidepressant medication		
Tuberculosis, measles, chicken pox			Alcohol / street drug use		
Asthma			<b>ARE YOU:</b>		
Breathing / sleep problems (sleep apnea, sinus)			Aware of change in your health in last 24 hours		
Kidney disease			Taking medication for weight management		
Liver disease			Taking dietary supplements		
Jaundice			Often exhausted or fatigued		
Thyroid, parathyroid, or calcium deficiency			Experiencing frequent headaches		
Hormone deficiency			Smoker, ever smoked, use smokeless nicotine		
High cholesterol or taking statin drugs			Often unhappy or depressed		
Diabetes (HbA1c=_____)			FEMALE – taking birth control		
Stomach or duodenal ulcer			FEMALE – pregnant		
Digestive disorders (celiac disease, gastric reflux)			MALE – prostate disorder		

Describe any current medical treatment, impending surgery:



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List all prior surgeries for:

Type of Surgery	Date of Surgery	Facility performing Surgery

Use additional sheet, if necessary, to list all surgeries

List all Medications currently taking or have taken within last 6 months:

Medication name	Dose	Reason for taking Medication	Date last taken

Use additional sheet, if necessary, to list all medications

List all known Allergies

Allergy	Type of reaction	Date of Last Reaction

Use additional sheet, if necessary, to list all allergies

**PLEASE ADVISE HYPERBARIC HEALTH SERVICES – PALATKA IMMEDIATELY OF ANY CHANGES TO YOUR MEDICATION, ALLERGY OR SURGERY LISTS.**



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## MEDICAL/SURGICAL HISTORY

Family History of:

	YES	NO	Family Member(s)
Allergies			
Asthma			
Blood Disease			
Cancer			
Diabetes			
Eczema			
Hearing deficiency			
Vision deficiency			
Migraines			
Renal disease			
Seizure disorder			
Other:			
Other:			

Social History

	YES	NO	Type	Packs per Day	# of Years	Date Quit
Tobacco Use						

	YES	NO	Type	Drinks per Day	# of Years	Date Quit
Alcohol Use						

	YES	NO	Type	Amount per Day	# of Years	Date Quit
Caffeine Use						

Do you live alone? \_\_\_Yes \_\_\_No

Do you have your own transportation? \_\_\_Yes \_\_\_No

Do you currently work? \_\_\_Yes \_\_\_No Employment Type: \_\_\_\_\_

I, \_\_\_\_\_, have completed my Medical/Surgical History thoroughly and to the best of my knowledge.

Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_