

HAND & MICROSURGERY ASSOCIATES

Date: _____

Name: _____

Reason for Appointment (chief complaint): _____

Family History / Review of Systems (ROSS):

****Have you or your family ever been diagnosed with the following****

	Patient	Family	Explain
Asthma/Emphysema	Y__ N__	Y__ N__	_____
Cancer	Y__ N__	Y__ N__	_____
Gout	Y__ N__	Y__ N__	_____
Heart Disease	Y__ N__	Y__ N__	_____
High Blood Pressure	Y__ N__	Y__ N__	_____
Kidney Problems	Y__ N__	Y__ N__	_____
Seizures of Nerve Problems	Y__ N__	Y__ N__	_____
Stroke	Y__ N__	Y__ N__	_____
Ulcers	Y__ N__	Y__ N__	_____
Skin Problems	Y__ N__	Y__ N__	_____
Bleeding Disorders	Y__ N__	Y__ N__	_____
Diabetes	Y__ N__	Y__ N__	_____
Liver Disorders	Y__ N__	Y__ N__	_____
Other Diseases (TB, HIV, etc)	Y__ N__	Y__ N__	_____

List Current Medications (or supply list): _____

Tobacco Use: N__ Y__ **Amt:** ___ pks/day **Alcohol Use:** N__ Y__

Reviewed By: _____ **M.D.**