

**HAND & MICROSURGERY ASSOCIATES**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Reason for Appointment** (chief complaint): \_\_\_\_\_

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**Family History / Review of Systems (ROSS):**

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

	<b>Patient</b>	<b>Family</b>	<b>Explain</b>
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.**