PATIENT ADMISSION HISTORY

ST LOUIS EYE SURGERY & Laser Center

Revised 11/2017

PRIOR TO YOUR SCHEDULED PROCEDURE, PLEASE COMPLETE AND FAX, MAIL OR HAVE AVAILABLE WHEN THE NURSES CONTACT YOU FROM THE SURGERY CENTER TO DISCUSS YOUR MEDICAL HISTORY

TODAY'S DATE: _____ DATE OF SERVICE/PROCEDURE:_____

PATIENT NAME: _____ DOB: _____GENDER: M / F

HEIGHT _____ WEIGHT _____ SURGEON:_____

SCHEDULED PROCEDURE :_____

LIST OF PAST SURGERIES: _____

_____

_____

DRUG ALLERGIES _____

ALCOHOL USE? ☐ NO ☐ YES, frequency_____ TOBACCO USE? ☐ NO ☐ YES, frequency_____

PLEASE INDICATE MEDICATIONS WITH DOSE & FREQUENCY ON SEPARATE HOME MEDICATION LIST
IF YOU DO NOT TAKE ANY MEDICATIONS AT HOME, PLEASE CHECK HERE: ☐ No home medications

DO YOU HAVE: (check YES or NO):

HEART PROBLEMS (HIGH BLOOD PRESSURE, CHOLESTEROL, HEART ATTACK) ?	☐ YES	☐ NO
CARDIAC STENT WITHIN THE LAST 90 DAYS?	☐ YES	☐ NO
IRREGULAR RHYTHM (A-FIB, PACEMAKER, AICD) ?	☐ YES	☐ NO
BREATHING PROBLEMS (SLEEP APNEA, ASTHMA, EMPHYSEMA, COPD, HOME OXYGEN) ?	☐ YES	☐ NO
DIABETES?	☐ YES	☐ NO
THYROID DISEASE?	☐ YES	☐ NO
GLAUCOMA?	☐ YES	☐ NO
HAVE YOU EVER HAD A STROKE OR SEIZURE?	☐ YES	☐ NO
NEUROGENIC ISSUES (ALZHEIMERS, PARKINSONS, DEMENTIA)?	☐ YES	☐ NO
HAVE YOU EVER BEEN DIAGNOSED WITH CANCER?	☐ YES	☐ NO
INFECTIOUS DISEASE (HIV, HEPATITIS, SHINGLES, MONO, TB)?	☐ YES	☐ NO
KIDNEY OR LIVER ISSUES (DIALYSIS)?	☐ YES	☐ NO
HAVE YOU OR ANYONE DIRECTLY RELATED TO YOU EVER HAD A HIGH FEVER AFTER ANESTHESIA?	☐ YES	☐ NO
ACID REFLUX OR HIATAL HERNIA?	☐ YES	☐ NO
BLEEDING OR CLOTTING ISSUES?	☐ YES	☐ NO
PANIC ATTACKS, ANXIETY, OR DEPRESSION?	☐ YES	☐ NO
HAVE YOU BEEN OUT OF THE COUNTRY IN THE LAST 90 DAYS?	☐ YES	☐ NO
DO YOU NEED ASSISTANCE WITH WALKING (CANE, WHEELCHAIR, WALKER)?	☐ YES	☐ NO

ADDITIONAL INFORMATION:

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