



Mark Talamini, MD
12771
Attending

**DEPARTMENT OF SURGERY
PATIENT HISTORY INTAKE
FORM**

Name
MR#
DOB

Source

Date

Patient Identification

Attending Surgeon

Name: _____ Age: _____ Date: _____

Reason for your clinic visit today: _____

What is your most significant complaint? _____

PAIN ASSESSMENT Intensity (0-10) _____ Location _____

Briefly explain the history of your problem: _____

PAST MEDICAL AND SURGICAL HISTORY (Year, Surgery, Doctor, Hospital)
Include all prior hospitalizations, non-hospitalized major illnesses, and
surgeries (ambulatory or inpatient surgery)

Currently Active?

- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO

MEDICATIONS, OVER-THE-COUNTER MEDICATIONS, HERBAL AND VITAMIN SUPPLEMENTS

Name	Dosage	Frequency

