



The Center for Wound Healing at JFK Medical Center

MEDICAL CENTER

Patient Med./Surg. Questionnaire

Name \_\_\_\_\_ DOB \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Primary MD \_\_\_\_\_ Referred by \_\_\_\_\_

Reason for visit \_\_\_\_\_

Dx \_\_\_\_\_

ALLERGIES: BP \_\_\_\_\_ / \_\_\_\_\_ HR \_\_\_\_\_ T \_\_\_\_\_ RR \_\_\_\_\_

Drug \_\_\_\_\_ Reaction \_\_\_\_\_

Drug \_\_\_\_\_ Reaction \_\_\_\_\_

Drug \_\_\_\_\_ Reaction \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Med list given?  Yes (attached)  Will bring  Does not take meds

DIET:  regular  low sodium  diabetic  renal  low fat  low cholesterol

vegan  other \_\_\_\_\_

Medical History (check all that apply):

- Angina, Heart Attack, Severe Arthritis, COPD, Pneumonia, Cancer (explain), Irregular Heart Beats, Clots: where?, CHF, HIV+, Stroke, Pacemaker, Hypertension, Other (explain), Diabetes: Type I II, Kidney failure: Dialysis M-W-F TU-TH-SAT Transplant: L R, On coumadin, Vascular disease

Surgical History/Hospitalizations: \_\_\_\_\_

Smoking:  No  Yes \_\_\_\_\_ Pack(s)/day, for \_\_\_\_\_ years

Alcohol:  No  Yes \_\_\_\_\_ Daily \_\_\_\_\_ Occasionally

Primary language \_\_\_\_\_ Cultural needs \_\_\_\_\_

Reviewed by \_\_\_\_\_ RN/MD Date \_\_\_\_\_