



DEPARTMENT OF THE ARMY
TRIPLER ARMY MEDICAL CENTER
1 JARRETT WHITE ROAD, MCHK-DS
GENERAL SURGERY
TRIPLER AMC, HAWAII 96859-5000

MCHK-DSG

Name: _____ Gender: (Circle One) Male/Female Age: _____

Active Duty: (Rank) _____ / Spouse / Dependent Ethnic Background: _____

Reason for visit:

Do you have pain associated with this visit? (Circle one) No / Yes

Pain Severity: ___/10 (1: Very slight pain – 10: worst pain)

If yes, please explain:

- 1) When did this first occur? _____
- 2) When does it occur? _____
- 3) Where is it located? _____
- 4) How long does it last? _____
- 5) Describe the pain? _____
- 6) Does anything make it worse? _____
- 7) Does anything make it better? _____
- 8) Any associated symptoms, e. g. nausea, vomiting, etc.? _____

Past Medical History: (Circle all that apply)

- | | |
|---------------------|-------------------------|
| Diabetes | High Cholesterol |
| High Blood Pressure | Easy bruising |
| Asthma | Cancer: (type) |
| Emphysema | Thyroid Problems |
| COPD | Heart Disease |
| Kidney problems | Urinary Tract Infection |

Other medical issues:

For Females:

Are you currently pregnant? (Circle) No / Yes

How many pregnancies have you had? _____

How old were you when you first gave birth? _____

How many children do you have? _____

When was your last menstrual period? _____

When did you have your first period (menarche)? _____

Surgical History:

Have you ever been hospitalized? (Circle) Yes / No

Where, when and why: (list all surgery procedures and dates)

- Last colonoscopy: _____
- Problems w/ Anesthesia: No / Yes, explain: _____
- H/o DVT or PE: (Circle) No / Yes, explain: _____

Fam Hx:

- Mother
- Father
- Brothers/Sisters
 - Cancer:
 - Diabetes:
 - HTN:
 - Hyperlipidemia:
 - CAD/MI:
 - CVA:
 - Asthma:
 - Mental Health:
 - Thyroid:
 - GI:

Allergies:

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Medications:

Social Hx:

- Married/Single/Divorced
- Rank/Occupation:
- Children (# and age):
- Tobacco: None or ___ packs/day x ___ Yrs.
- Alcohol: None or ___ Drinks/day or week

List any recent travels or Deployments:

Any other pertinent medical information you want the doctor to know:

Do you currently have any of the following? (Circle all that apply)

Constitutional: Night sweats, fatigue, generalized pain, increase/decrease in appetite, recent weight loss/gain, fever, chills.

Head: Facial pain, sinus pain, headaches, migraines, trauma.

Eyes: Acute vision loss or blurriness, eye pain, sensitivity to light, red eyes, itching eyes, tearing or discharge.

Ear/Nose/Throat: Hearing loss, ringing, earache, ear discharge, vertigo, nasal discharge, nasal passage blockage (stiffness), runny nose, nasal itching, sneezing, allergy, nose bleeds, cough, sore throat, hoarseness.

Neck: Neck pain, swollen glands.

Pulmonary: Wheezing, pain with breathing, shortness of breath, chronic chest congestion, cough, bloody sputum.

Cardiovascular: Palpitations, awakening with shortness of breath, shortness of breath with exertion, limb swelling (edema), heart murmurs, angina, chest pain, high blood pressure.

Gastrointestinal: Jaundice, decreased appetite, difficulty swallowing, indigestion, GERD, nausea, vomiting, vomiting blood, diarrhea, constipation, abdominal pain, recent umbilical hernia, bright red blood in stool, black stool.

Breast: Breast pain, breast lumps.

Endocrine: Heat/cold intolerance, hot flashes, increased thirst, frequent urination, sexual complaints, reproductive health concerns, excessive sweating, diabetes, thyroid problems.

Hematologic: Easy bruising or bleeding, anemia, DVT, PE, Sickle Cell Disease.

Genitourinary: Loss of bladder control/incontinence, flank pain, blood in urine, erectile dysfunction, testicular symptoms, urgency of urination, frequent urination, increased urination, needing to urinate at night, pain/burning with urination, difficulty urinating, blood in urine.

Musculoskeletal: Muscle aches/pain, muscle weakness, joint pain/stiffness, joint swelling, limited range of motion, arthritis, back pain.

Neurological: Memory problems, fainting, vertigo, dizziness, sensory disturbances, numbness, tingling, weakness, paralysis, seizures.

Psychological: Anxiety, depression, sleep disturbances, decreased functioning, mood changes, PTSD, suicidal/homicidal thoughts.

Skin: Sudden redness/rash, itching, skin lesions nail abnormalities, lumps, changes in moles, sores, hair changes