IDAHO FALLS HAND SURGERY
R. Timothy Thurman, MD

PATIENT HEALTH HISTORY

Name: ______________________ Today's Date: ____/____/____

DOB: ____/____/____ Age: ________ Are you Right of Left hand dominant: ____________

Reason for your visit: ______________________________

Conditions

Any of the following which applies to you:

- ☐ Cancer
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Lung Disease
- ☐ Liver Disease
- ☐ History of Bleeding
- ☐ AIDS/HIV
- ☐ TB
- ☐ Pneumonia
- ☐ Asthma
- ☐ Hypertension
- ☐ Kidney / Bladder / Prostate
- ☐ Arthritis
- ☐ Stomach / Bowel
- ☐ Strokes
- ☐ Thyroid Issues

Social History

Check which substances you use and describe how much you use:

- ☐ History of Smoking
  ______ # Packs/Day
- ☐ Alcohol
- ☐ Caffeine
- ☐ Drugs
- ☐ Other: ____________

Occupational

Check if your work exposes you to the following:

- ☐ Stress
- ☐ Hazardous Substances
- ☐ Heavy Lifting
- ☐ Other: ____________

Your Occupation: ____________

Family History

Immediate Relatives

- ☐ Hypertension
- ☐ Heart Disease
- ☐ Kidney Disorders
- ☐ Cancer
- ☐ Diabetes
- ☐ Arthritis
- ☐ Other: ____________

Medications

List all medications you are currently taking

Drug	Dose	Times/Day

Do you take aspirin daily? ____________

Allergies

medications or substances

☐ Allergic to Latex or Adhesive?

Surgeries

Include Hospitalizations

Year	Surgery	Doc/Facility

Serious Illness or Injury

Date	Illness/Injury

Additional Information

Is there anything we forgot?

Please list any additional health information you would like us to know:

Authorization and Consent for treatment by Dr. Thurman

By signing this form, I give consent for Dr. Thurman to render treatment for my care.

I certify that the above is correct to the best of my knowledge. I will not hold Dr. R. Timothy Thurman or any members of his staff responsible for any errors by omission that I may have made in the completion of this form.

Signature: ______________________ Date: ____/____/____

Reviewed by: ______________________ Date: ____/____/____

Updated: ______________________ Date: ____/____/____