



ROBERT A. GADLAGE
MD FACS

MEDICAL HISTORY INFORMATION

PLEASE MARK EACH ITEM THAT APPLIES. ADD ANY ITEMS THAT ARE NOT LISTED

Yes	No
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CHILDHOOD ILLNESSES		
Measles _____		
Mumps _____		
Whooping Cough _____		
Other _____		

MEDICAL ILLNESSES		
Diabetes _____		
TB _____		
hepatitis _____		
pneumonia _____		
Other Chest Problems _____		
hypertension (BP) _____		
Heart Disease _____		
Cancer _____		
Disorder of Digestion _____		
Ulcers _____		
Heartburn _____		
HIV _____		
Diarrhea Frequent _____		
Constipation - Chronic _____		
Urinary Tract Problems _____		
Seizures _____		
Stroke _____		
Depression _____		
Anxiety _____		
Difficulty with Clotting _____		

TRAUMA (Injuries)		
Fractures _____		
Severe Lacerations _____		
Auto Accidents _____		
Injuries on the Job _____		

ALLERGIES		
Hayfever _____		
Asthma _____		
Frequent Injections _____		
Other Allergies _____		

SURGERY (List all Surgery)

OTHER HOSPITALIZATIONS:

CURRENT MEDICATIONS: (List)

Are you allergic to any medications: List:

Tobacco History Use:

HEIGHT: _____	WEIGHT: _____
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ANESTHESIA COMPLICATIONS: _____
LIST OTHER ILLNESSES: _____

PATIENT NAME: _____ DATE: _____