BRANKO PRPA M.D.
Spine Surgery

Patient Name: _____

History & Medical Information

Medical Record #:_____

Past Medical History:

☐Anemia	☐Diabetes	☐Heart Disease	☐Kidney Disease	☐Pulmonary
☐Anesthetic reaction	☐Epilepsy	☐CAD/Heart Attack	☐Liver Disease	☐Sleep Apnea
☐Arthritis	☐Esoph. Reflux	☐Heart Failure (CHF)	☐MRSA Infection	☐Skin Problems
☐Asthma	☐GI Problems	☐Heart Murmur	☐Multiple Sclerosis	☐Stroke/TIA
☐Bleeding Disorder	☐Gout	☐Irregular Heartbeat	☐Neurological Disorder	☐Thyroid
☐Cancer:_____	☐Hepatitis	☐Mitral Valve Prolapse	☐Obesity	☐Tuberculosis
☐Circulation Problems	☐High/Low BP	☐Pacemaker/ICD	☐Parkinson's Disease	☐Varicose Veins
☐Other:_____	☐High Cholesterol	☐Injury/Major Trauma	☐Phlebitis	☐VRSA Infection

List all Medications:

_____

_____

Allergies: (Describe reaction)

☐Penicillin:_____ ☐Aspirin:_____ ☐Narcotic Agent/Codeine:_____ ☐Sulfa Drugs:_____

☐Anesthesia:____ ☐Iodine/Shellfish:____ ☐Nickel/Metal:_____ ☐Tape/Adhesive:_____

☐Food:_____ ☐Latex:_____ ☐Radiographic Contrast Dye:_____ ☐Other:_____

Surgical History:

_____

_____

Social History: (only check what is pertinent to you)

☐Tobacco Use ☐Caffeine Use ☐Exercise Habits (please specify)

☐Alcohol Use ☐Drug Use (Recreational, IV) _____

Current Job: _____ **Description:** %Sitting_____ %Standing_____ %Lifting_____

Family History: (List relationship of family member(s) who have had these problems)

☐Arthritis:_____ ☐Circulation Problems:_____ ☐High Blood Pressure:_____

☐Bleeding Disorder:_____ ☐Diabetes:_____ ☐Kidney Disease:_____

☐Cancer:_____ ☐Heart Disease:_____ ☐Stroke/TIA:_____

☐Other:_____

(Medical Staff to complete) Completed By: _____

Height:_____ Weight:_____ BP:_____ Pulse:_____ Resp:_____

Review of Systems: Neck/Back % Arms/Legs%

Weight loss/gain	Fever/Chills	Night pain	EENT	Pulmonary
CV	GI	GU	Musc/Skel	Neuro
Skin	Heme/Lymph	Endocrine	Psych	