



General & Robotic
Surgical Associates

Asser Youssef, MD.

6116 E. Arbor Avenue Suite #102 MESA, AZ 85206

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*****PATIENT HISTORY*****

Reason for visit: _____

Allergies: _____

Medications:

___ None

Name	Dosage	How many times a day
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family History:

___ No current problems or disabilities

___ Unknown

Relative	Onset Age	Died
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Social History:

Smoking status:

- Never Smoked
- Former Smoker
- Current every day Smoker
- Years of Tobacco use _____

Surgical History:

Procedures:

Date/Year:

Medical History: (please circle yes or no)

- | | | | | | |
|--------------------------|-----|----|---------------------|-----|----|
| Anemia: | Yes | No | Heart Disease: | Yes | No |
| Anxiety Disorder: | Yes | No | Hepatitis: | Yes | No |
| Arthritis: | Yes | No | High Cholesterol: | Yes | No |
| Autoimmune Disorder: | Yes | No | Hypertension: | Yes | No |
| Bleeding Disorder: | Yes | No | Hyperthyroidism: | Yes | No |
| Bronchitis: | Yes | No | Hypothyroidism: | Yes | No |
| COPD: | Yes | No | Kidney Disease: | Yes | No |
| Cancer: | Yes | No | Kidney Stones: | Yes | No |
| Coronary Artery Disease: | Yes | No | Liver Disease: | Yes | No |
| Deep Vein Thrombosis: | Yes | No | Other: _____ | | |
| Depression: | Yes | No | Pulmonary embolism: | Yes | No |
| Diabetes: | Yes | No | Reflux/Gerd: | Yes | No |
| Diverticulitis: | Yes | No | Seizures/Epilepsy: | Yes | No |
| Gout: | Yes | No | Stroke: | Yes | No |
| Headaches: | Yes | No | Tuberculosis: | Yes | No |

*****PATIENT COMMENTS*****

Patient Signature

Date