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### General Surgery Form

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Male / Female

Primary Care Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Current Medications/Supplements and Doses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies/Reaction: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

\_\_\_\_\_

Past Surgical History: \_\_\_\_\_

\_\_\_\_\_

Family History: \_\_\_\_\_

\_\_\_\_\_

Smoke? If yes, how much? \_\_\_\_\_

Drink alcohol? If yes, how much? \_\_\_\_\_

Recreational drugs? If yes, how much? \_\_\_\_\_

**Review of symptoms – Please check all that apply**

- General            Recent change in usual weight  Weakness  Fatigue  Fever
- Skin                Rash  Lumps  Sores  Itching  Dryness  Color change  Change in hair or nails
- Head               Headaches  Head injury
- Eyes                Vision problems  Glasses  Pain  Redness  Excessive tearing
- Ears                Change in hearing  Ringing sound  Room spins/dizzy  Earache  Hearing aids
- Nose/Sinuses      Frequent colds  Nasal stuffiness  Discharge  Nose bleeds  Sinus trouble
- Mouth/Throat     Bleeding gums  Dentures  Sore throat  Dry mouth  Sores  Hoarseness
- Neck                Lumps  Swollen Glands  Pain  Stiffness  Goiter
- Breasts            Lumps  Pain  Discomfort  Nipple discharge  Change in self-examination   
Do not perform self-examination
- Respiratory        Cough  Sputum  Blood in sputum  Wheezing  Asthma  Bronchitis  Emphysema   
Pneumonia  Tuberculosis  Pleurisy
- Cardiac            Heart trouble  High blood pressure  Rheumatic fever  Heart murmur  Chest pain   
Shortness of breath
- Gastrointestinal   Trouble swallowing  Heartburn  Change in appetite  Nausea  Vomiting  Regurgitation   
Change in bowel movements  Rectal bleeding  Constipation  Hemorrhoids  Diarrhea   
Abdominal pain  Food intolerance  Gas
- Urinary            Change in frequency of urination  Excessive urination  Blood in urine  Incontinence   
Urinary infection  Stones
- Genital            Hernia  Sores  Discharge  Rash  Pain  Bleeding  Itching  Sexual dysfunction
- Vascular            Leg pain  Leg cramps  Varicose veins  Blood clots in the past
- Musculoskeletal   Muscle pain  Joint pain  Stiffness  Arthritis  Gout  Backache
- Neurological      Fainting/Blackouts  Seizures  Weakness  Paralysis  Numbness or loss of sensation   
Tingling  "Pins and Needles"  Tremors
- Hematological     Anemia  Easy bruising  Bleeding  Bad reaction to previous transfusions
- Endocrine           Heat or cold intolerance  Excessive sweating  Diabetes  Excessive thirst or hunger   
Excessive urination
- Psychiatric        Nervousness  Tension  Depression  Other psychiatric problems  Memory problems