

**Patient Registration**  
**Jeffrey B. Monash, MD**  
**General and Bariatric Surgery**

*Please bring this registration form to your first visit*

Name (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Telephone (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer's Name \_\_\_\_\_

Marital Status            Married      Single      Divorced      Widowed      Separated

Spouse/Partner's Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ (relation) \_\_\_\_\_ (telephone) \_\_\_\_\_

Advanced Directive	Do you have a living will?	Yes	No
	Healthcare Power of Attorney?	Yes	No

If Yes, Contact Person \_\_\_\_\_ (telephone) \_\_\_\_\_

Primary Pharmacy \_\_\_\_\_ (telephone) \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ (telephone) \_\_\_\_\_

Referring Physician \_\_\_\_\_ (telephone) \_\_\_\_\_

Primary Insurance \_\_\_\_\_

(ID#) \_\_\_\_\_ (Group#) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ (DOB) \_\_\_\_\_

Secondary Insurance \_\_\_\_\_

(ID#) \_\_\_\_\_ (Group#) \_\_\_\_\_

***I hereby acknowledge receipt of Dr. Monash's HIPAA Notice of Privacy Practices,***

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Have you ever been diagnosed with, or suffered from, the following (*please circle*)?

Diabetes

Depression

High Blood Pressure

Leaking of Urine

High Cholesterol

Swollen Ankles

Sleep Apnea

Blood Clot

Reflux/Heartburn

Social Anxiety

Back Pain

Menstrual Irregularities

Joint Pain

Frequent Headaches

Please list any other past or present medical problems

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Please list any previous surgeries or procedures (*include dates*)

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Medications

Dosages

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Medication Allergies and Reactions \_\_\_\_\_  
\_\_\_\_\_

Family History of Significant Medical Problems

Mother \_\_\_\_\_ Father \_\_\_\_\_  
\_\_\_\_\_

Siblings \_\_\_\_\_ Children \_\_\_\_\_

Do you smoke cigarettes?    Yes    No    If yes, \_\_\_\_\_ packs per day for \_\_\_\_\_ yrs

Have you quit?    If yes, \_\_\_\_\_ yrs smoked    Quit Date \_\_\_\_\_

Do you drink alcohol?    Yes    No    If yes, \_\_\_\_\_ drinks per week

*Please check any of the following that you have, or have had in the recent past*

**Neurologic**

- Dizziness
- Temporary vision loss
- Confusion
- Headache
- Paralysis
- Numbness in hands/feet
- Weakness
- Seizures

**Hematologic/Immunologic**

- Fever
- Chills
- Night sweats
- Easy bruising
- Fatigue
- Swollen lymph nodes
- Bleeding gums

**Gastrointestinal**

- Difficulty swallowing
- Constipation
- Diarrhea
- Indigestion
- Nausea
- Abdominal pain
- Vomiting
- Blood in stool

**Endocrine**

- Excessive thirst
- Menopausal
- Hair loss

**Otolaryngologic**

- Cataracts
- Nearsightedness
- Farsightedness
- Hard of Hearing

**Obstetric**

- Number of pregnancies
- Number of live births

**Respiratory**

- Choking at Night
- Shortness of breath
- Wheezing
- Productive cough  
(mucous or blood)
- Chronic cough

**Cardiovascular**

- Chest pain
- Irregular heartbeat
- Leg cramps with exercise
- Blood clot
- Low blood pressure
- Swelling of feet or ankles

**Genitourinary**

- Frequent urination
- Painful urination
- Leaking of urine
- Blood in urine
- Difficulty emptying bladder

**Psychiatric**

- Anxiety
- Depression
- Unusual Stress
- Bulimia
- Anorexia
- Bipolar
- Schizophrenia

**Skin**

- Itching
- Sores or ulcerations
- Rashes or discoloration

**Musculoskeletal**

(Pain or Weakness)

- Shoulder     Hip
- Back         Knee
- Foot         Ankle
- Hand         Other

<b>DIET</b>	<b>TIME LENGTH</b>	<b>YEAR</b>	<b>WEIGT LOST</b>
Appetite Suppressant Diet			
Adkins Diet			
Beverly Hills Diet			
Bioslim			
Cabbage Soup Diet			
Caborad			
Carbohydrate Addicts Diet			
Dexatrim			
Diabetic Diet			
Diuretics			
Fit For Life			
Herbal Remedies			
Hospital Diet			
Jenny Craig			
Laxatives			
Low Carbohydrate Diet			
Low Fat Diet			
Medifast			
Meridia			
Metabolife			
Metabolite			
NutriSystem			
Optifast			
Overeater's Anonymous			
Perricone Promise			
Phen-Fen			
Phentermine			
Physician Supervised Diet			
Redux			
Richard Simmons Deal-A-Meal			
Slim Fast			
South Beach Diet			
Starvation Diet			
Sugar Busters			
The Diet Center			
The Grapefruit Diet			
The Pritkin Diet			
The Scarsdale Diet			
The Zone			
TOPS			
Trim Spa			
Weight Loss Camp			
Weight Watchers			
Xenical			