

**University of Pittsburgh Physicians  
Department of Neurological Surgery**

Patient Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Date: \_\_\_\_\_

**Past Medical History** (please put x in all that apply)

	Y	N		Y	N		Y	N
Aneurysm Disease			Spondylosis (arthritis)			Kidney Disease		
Cranial Tumor			Stroke or TIA			Liver/Hepatitis Disease		
Dementia			Blood Disease			Lung Disease		
Disc Disease			Cancer			Pancreatitis		
Head Trauma			Diabetes			Peptic Ulcer Disease		
Migraine Headaches			DVT			Psychiatric/Behavioral Problems		
Non-migraine Headaches			Gallbladder/Biliary Disease			Pulmonary Embolism		
Paralytic Syndrome			Heart Disease			Rheumatoid Arthritis		
Parkinson's Disease			High Blood Pressure			Superficial Disease		
Seizures			HIV/AIDS			Thyroid Disease		
Spinal Tumor			High Cholesterol					

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

**Surgical History** (please put x in all that apply)

	Y	N		Y	N
Adverse Reaction to Anesthesia			Cervical Spine Surgery		
Craniotomy			Thoracic Spinal Surgery		
DBS Placement			Lumbar Surgery		
Endarterectomy			Epilepsy Surgery		
Intrathecal Pump			Stereotactic Radiosurgery		
Spinal Cord Stimulator			Microvascular Decompression		
Brain Radiation			Trigeminal Neuralgia Surgery		
Ventricular Shunt			Appendectomy		
VNS Placement			Tonsillectomy/Adenoidectomy		
Thyroid Surgery			Hysterectomy		
Pituitary Surgery			Cholecystectomy (gallbladder removal)		
CABG (heart surgery)			Prostate Surgery		
Coronary Artery Stent			Fracture Surgery		

Other Surgical History: \_\_\_\_\_  
\_\_\_\_\_

Patient Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Date: \_\_\_\_\_

**Family Medical History** (please put x in all that apply)

	Adverse Reaction to Anesthesia	Aneurysm	Asthma	Bleeding Disorder	Brain Tumor	Cancer, Other	Dementia	Diabetes	Heart Disease	Hypertension	Mental Illness	Migraine	Parkinson's Disease	Peptic Ulcer Disease	Seizures	Stroke	Tuberculosis	Vascular Malformations
<b>Mother</b>																		
<b>Father</b>																		
<b>Maternal Grandmother</b>																		
<b>Maternal Grandfather</b>																		
<b>Paternal Grandmother</b>																		
<b>Paternal Grandfather</b>																		
<b>Sisters</b>																		
<b>Brothers</b>																		
<b>Other</b>																		
<b>Unknown/None</b>																		

**Social History**

**Use of Tobacco Products:** Y or N

Packs/Day: \_\_\_\_\_

**Smokeless Tobacco:** Y or N

Number of years: \_\_\_\_\_

Quit date: \_\_\_\_\_

Ready to quit: Y or N

**Alcohol Use:** Y or N

Number of drinks per week:

\_\_\_\_\_ Glasses of wine

\_\_\_\_\_ Cans of Beer

\_\_\_\_\_ Shots of liquor

\_\_\_\_\_ Drinks containing 0.5 oz of alcohol

**Drug Use:** Y or N

Per week: \_\_\_\_\_ Type: \_\_\_\_\_