

Kansas City/No.Oak Clinic:
5330 No. Oak Trafficway, Suite 201
Kansas City, Missouri 64118
Surgery Coordinator:
816-454-1683
Fax: 816-454-1694

Overland Park Clinic:
8490 College Blvd
Overland Park, Kansas 66210
Surgery Coordinator:
816-454-1683
Fax: 816-454-1694

Quality Dermatology and ENT Care Since 1995

ENT Physicians: Avon C. Coffman, D.O. – Eric C. Christensen, M.D. – Frank C. Koranda, M.D. – Brian M. Hendricks, D.O.

Dermatology Physicians: Colleen M. Reisz, M.D. – Joseph B. Schneider, D.O. – Frank C. Koranda, M.D. Deborah B. Ohlhausen, M.D.
Lisa I. Orrick, PA-C – Kristin Sands, PA-C

Patient Medical History for Office Surgery

Date of surgery _____ Surgeon _____

Name _____

Date of birth _____ Primary care physician _____

Are you on any anti-coagulants _____ Current weight: _____

Do you have a pacemaker or defibrillator _____ Height _____

What other specialists/doctors do you see _____

Medications you are currently taking (include any over-the-counter meds, herbals, topical, inhalers, eye-drops, vitamins, diet aids and all prescriptions)

List any allergies to medications, iodine/contrast dye, latex, tape or food. Please include the reaction you have:

Check if you have or have ever had any of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Heart Failure | <input type="checkbox"/> Stroke | <input type="checkbox"/> Glasses |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Weakness | <input type="checkbox"/> Contacts |
| <input type="checkbox"/> MI/Heart Attack | <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Hearing Aid |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Dementia | <input type="checkbox"/> Use a cane/walker/wheelchair |
| <input type="checkbox"/> Defibrillator | <input type="checkbox"/> Prosthetic Joint | |
| <input type="checkbox"/> Heart/Cardiac Valve | <input type="checkbox"/> Bleeding Tendencies | |
| <input type="checkbox"/> Mitral Valve Insufficiency | <input type="checkbox"/> Tuberculosis | |
| <input type="checkbox"/> Hepatitis __type | <input type="checkbox"/> Diabetes Type I or II | <input type="checkbox"/> Use Insulin |
| <input type="checkbox"/> Immune Deficiency | | |

Do you take an antibiotic for medical procedures or dental work? Yes No

Will anyone be coming with you? Yes No