



Office Hours:
Monday – Friday: 8 am – 5 pm

Welcome to our practice. Thank you for choosing the physicians at Midwest Surgical Associates for your surgical needs. In order to expedite your first visit, please arrive 20 minutes prior to your appointment time with your paperwork completed. A photo ID and current insurance card will be requested, as well as any applicable insurance co-payment. If you need assistance completing our forms, please call our office at 913-782-8577 and we will be happy to assist you.

For your convenience, you may fax completed forms to Midwest Surgical Associates at the following secured fax number: 913-782-2616. Please fax forms at least two (2) business days prior to your appointment. If you opt to fax your forms, you may arrive 10 minutes prior to your appointment time.

Patient Name: _____	Today's Date: _____
Home address: Street: _____	
City: _____	State: _____ Zip: _____
Phone: _____	Cell Phone: _____ Work Phone: _____
Referring Physician: _____	Primary care physician: _____
Birth Date: _____	Sex: M F
Marital Status: Single Married Divorced Widowed	
Social Sec #: _____	

Emergency Contact: _____	Relationship: _____
Home Phone: _____	Work Phone: _____

Patient name: _____ Date: _____

Please indicate if you are **CURRENTLY** having any of the symptoms listed below. By not selecting a symptom you are denying having this problem at this time.

- Constitutional** Decrease in appetite Fatigue Fever Night sweats Weight loss Weight gain
- Eyes/ENT** Blurred or double vision Diminished Vision Drainage Hoarseness
 Hearing loss or ringing Chronic sinus problems Nose bleeds
- Respiratory** Chronic Cough Wheezing Shortness of breath
- Endocrine** Increased thirst Cold/Heat intolerance Breast Discharge Change in menstrual cycle
- Cardiovascular** Chest Pain Palpitations Leg Swelling Pacemaker
- Hematology** Coumadin treatment Nose Bleeds Easy bruising Swollen glands Anemia
- GI** Abdominal Pain Nausea Vomiting Heartburn Appetite Loss
 Bloody Stool Diarrhea Constipation Rectal Pain
- Genitourinary** Frequent urination Burning/painful urination Blood in urine Decreased flow
- Musculoskeletal** Painful joints Joint swelling Muscle cramps Back pain
- Skin** Itching Rash Hives Skin Cancer Dry Skin
- Neurological** Dizzy or light headed Epilepsy Numbness or tingling
 Memory loss Difficulty speaking

Medications: List all medications you presently take. (include dosage and how often)

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy Phone: _____

Mail Order: _____

Non-Traditional Medications Please list herbs and/or dietary supplements

Allergies: Drug/Agent

Reaction
