

Gabriel M. Kind, M.D., FACS

David S.Chang, M.D.

45 Castro Street, San Francisco

Thank you for selecting our medical practice. At this time we would like to ask you some information which will help us to understand your needs and provide better care.

1. Please describe the reason(s) that brought you here today

2. Do you suffer from any medical problems from the following list? Please check.

- Hypertension Diabetes Asthma HIV Heart Disease Lung Disease
 Kidney Disease Bleeding after surgical procedure Hepatitis A B C

3. Any other medical problem? Please explain.

4. Do you take any prescription medications? Please list.

5. Do you have any allergies to medications?

6. Have you had any surgical procedures in the past? Please list with approximate dates.

7. Did you have any complications after surgery? Please explain.

8. Do you smoke cigarettes? If yes, how many per day and for how long.
