



Colon & Rectal Specialists, Ltd.

PATIENT MEDICAL AND SURGICAL UPDATE

Date: _____

Patient's name: _____ Age _____

Please list any new operations that you have had since your last visit:

Name of Surgery/Type of Surgery

Date of Surgery

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list any new medical problems that you have had since your last visit:

Please list all medications you are currently taking (including aspirin or any blood thinners):

Current Medications

Dosage

Frequency

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all allergies:

Signature: _____