

Hernia Patient Medical History

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Date: _____

Name: _____

Age(years): _____

Hernia bulge location: (R) groin , (L) groin , Belly butt. , (R)Scrotum , (L) Scrotum , Other

Bulge size: None , Tiny , Marble , Egg , Tennis ball , Fist , Bigger

Duration: Days , Weeks , Months , Years , Decades , Other: _____

Your bulge is: Painful , Irreducible, , Growing recently , Gurgling , Recurrent

Prior surgery: Hernia , Heart , Back , Cancer , Other _____

Medical conditions: Hypertension , Diabetes , Thyroid , Liver , Lung , Bleeding problems

Other medical _____

Allergies to medications _____

General symptoms: Weight loss , Weight gain , Chest pain , Shortness of breath , Other _____

Medications: Aspirin , Blood thinners , Other _____

You are a: Smoker , Drinker , Illicit drug user , Jehovah's Witness

Height _____, Weight _____, Sex _____

City of residence _____

Telephone _____, Email _____

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Anonymized data may be used for research purposes.