

SOUTHEASTERN SURGICAL SPECIALISTS, P.C.
GENERAL & LAPAROSCOPIC SURGERY

JOSEPH W. GALLOWAY, M.D.
CHRISTOPHER H. DYAS, M.D.
JEFFREY J. ICKLER, M.D.

6701 AIRPORT BLVD., SUITE B 222
MOBILE, ALABAMA 36608

(251) 438-4440

1700 SPRINGHILL AVE., SUITE 400
MOBILE, ALABAMA 36604

FAX: (251) 438-4599

Name: _____ Date: _____

1. Who referred you here today? _____
2. For what reason are you seeing the doctor? _____
3. List all known DRUG ALLERGIES: _____
4. List all medical illnesses (heart, blood pressure, diabetes, etc.): _____

5. List all surgeries that you have had & approximate dates: _____

6. List all current medications you are taking (including Aspirin/Tylenol): _____

7. Have you ever smoked? _____ How many packs per day? _____ Total number of years you smoked? _____
When did you quit? _____ Do you drink alcohol? _____
8. What medical illnesses run in your family? (parents, children, siblings) _____

BREAST PATIENTS ONLY

9. Has anyone in your family ever had breast cancer? _____ Who? _____
10. Do you have a lump/mass in your breast? _____ Is it painful? _____ Who found it? _____
How long has it been there? _____ Has it gotten any larger in size? _____
11. Have you ever had a mammogram? _____ When? _____ Where? _____
12. Have you injured your breast in any way? _____ Last menstrual period? _____
13. Do you have any nipple discharge? _____ What color? _____
14. Are you taking hormones? _____ How long have you taken them? _____
15. How many times have you been pregnant? _____ How many children do you have? _____
Did you nurse your children? _____