



Frank S. Cohen, MD
Board Certified Surgeon
HERNIA NEW PATIENT QUESTIONNAIRE

Name _____ DOB _____
PCP _____

Specialists that you currently see: _____

Current medications _____

Allergies _____

Have you had prior hernia repair surgery? Y/N IF YES, Where _____ When _____

Do you have a pain/ache/swelling in the groin, scrotum or abdominal wall? (Circle all that apply)

Have you had prior abdominal surgery? Y/N IF YES, what? _____

Do you have difficulty with eating or moving your bowels? Yes No

Have you ever had a colonoscopy examination? Yes No If Yes, When _____

Do you smoke? Yes No how much? _____

Do you have any chronic issues like cough, post nasal drip, constipation, awakening at night to urinate, or other? _____

Do you have any family members that have had hernias? Yes No If yes, who _____

How active if your lifestyle? Circle one

Sedentary Mild Moderate Active Very Active

Additional comments for the provider: