



Frank S. Cohen, MD
Board Certified Surgeon
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Name _____ DOB _____

Address _____

Home Phone _____ Cell _____

PCP _____ PCP Phone # _____

Ref Dr _____ Ref Dr # _____

Pharmacy _____ City _____

Marital Status _____

Profession/Employer _____

Disabled YES NO

Height _____ WT _____ ALLERGIES _____

Do you use tobacco? _____ If yes, how many packs/day _____

Former tobacco user? What year did you quit? _____

Do you drink alcohol? YES NO If yes, how many drinks/day _____

Do you use street drugs? YES NO

Do you have someone to help you at home if necessary? YES NO

Do you have any cultural/religious concerns? _____

PLEASE LIST ALL MEDICATIONS BELOW:

Any medication allergies? _____



Do you have/ever had?	YES	NO	Have you ever had or used?	YES	NO
Heart attack			Unexpected weight change		
Heart disease			Bad reaction to Anesthesia		
Chest pain			Change in bowel habit		
Angina			Blood in urine		
Irregular heart beat			Difficulty urinating		
Pacemaker			Blood in stool		
Angiogram/Angioplasty/Stents			Blood thinner in past month		
High blood pressure			Cortisone/steroids past year		
Diabetes			Are you pregnant		
Thyroid disease			Do you use birth control		
Kidney disease/kidney stones			Have you gone through menopause		
Recent cough or cold			Blood work in past 6 months		
Shortness of breath			Physical restrictions		
Asthma/Bronchitis/Emphysema			Cancer		
Seizures					
Stroke/TIA					
LiverDisease/Jaundice/Hepatitis					
Heart Burn/Reflux/Hiatal hernia					
Peptic Ulcer disease					
Rheumatoid Arthritis					
Bleeding/blood disorder/Anemia					
AIDS/HIV					

SURGERIES	YES	NO	IF YES, WHAT YEAR
Appendectomy			
Hernia repair			
Gallbladder removed			
Hemorrhoids			
Hysterectomy			
Abdominal Surgery			
Heart Surgery			
Prostate Surgery			
Cancer Surgery			
C-Section			
Other:			

Any other relevant information: