

Brandon Fadner, MD
Minimally Invasive & Bariatric Surgery

1327 Lake Pointe Parkway, Suite 430 Sugar Land, Texas 77478

General Surgery

General Surgery Service Acknowledgement

- We provide expert consultation for General Surgery services and perform related surgeries for you and your referring healthcare provider. We do not provide primary care services for other medical problems. It is important for you to have a primary care provider.
- We provide prescriptions for medications related to your surgery and post-op care problems only.
 - We do not renew prescriptions of other physicians.
- We refill prescriptions by phone only during office hours. We cannot refill any prescriptions on nights or weekends. Please allow 3-5 business days to process your request.
 - You can greatly speed up refills if you have your pharmacy send a request by fax.
- We do not evaluate for disability or complete disability paperwork.

Acknowledge by:

Patient Name

Date

Signature

Patient Name: _____ DOB _____ Date _____



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Medical History (check all that apply)

Table with 4 columns and 16 rows listing medical conditions such as Anemia, Diabetes, High blood pressure, Prostate cancer, etc.

Other _____

Past Surgeries (check previous surgeries)

Table with 5 columns and 6 rows listing past surgeries such as Appendectomy, Fundoplication, Heart valve surgery, etc.

Other _____

What medical problems run in your family? (Please check the box and indicate relationship)

Table with 5 columns and 2 rows listing family medical problems such as Cancer-other, Colon polyps, Heart disease, etc.

Relationship _____

Other _____

Social History

Marital Status: _____ Who lives in your home? _____

Highest level of education: _____ Occupation: _____

Do you consume alcoholic beverages? (#drinks/week): _____

Do/have you smoke (d) or use (d) smokeless tobacco? _____

Do/have you use (d) recreational drugs? (Please list type and frequency): _____

Patient name: _____ DOB: _____

Primary Care Physician: _____ Ph# _____



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Pharmacy name: _____ Ph# _____

Please list all current medications; include strength, dosage and any instructions. Please also include any over the counter vitamins or supplements.

Medication	Dosage	Frequency	Prescriber

Medication & Food Allergies

(Please list any med/food allergies you may have)

Reaction

Patient name: _____ DOB: _____

Do you take aspirin or NSAIDs (ibuprofen, Motrin, Aleve, Excedrin, BC powders, Goodies?) _____



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Do you have any metal in your body_____

Have you had any previous problems with anesthesia or procedures?_____

Do you take any blood thinners_____

If yes, who wrote or is managing the prescription?_____

Who referred you to see Dr. Brandon Fader?

Are you currently having any of the following symptoms? (Please circle or list all that apply)

Constitution: fever, chills, weight loss, fatigue, weakness

Skin: rash, itching

Ears, Nose, Mouth, Throat: headaches, hearing loss, ringing in ears, ear pain, ear discharge, nosebleeds, congestion, sore throat

Eyes: blurred vision, double vision, eye pain, eye discharge, eye redness

Cardiovascular: chest pain, palpitations, leg swelling, leg pain with walking

Respiratory: cough, coughing blood, shortness of breath, wheezing

Gastrointestinal: heartburn, nausea, vomiting, abdominal pain, diarrhea, constipation, blood in stool, black stool, difficulty swallowing

Genitourinary: frequent or painful urination, blood in urine

Musculoskeletal: muscle pain, neck pain, back pain, joint pain, falls

Endocrine: easy bruising or bleeding allergies, excessive urination

Neurological: dizziness, tingling, tremor, speech exchange, weakness or numbness on one side, seizures, fainting or passing out.

Psychiatric: depression, nervous/anxious, insomnia, memory loss, suicidal thoughts.