

## MRSA CLINIC OF MISSISSIPPI PATIENT HISTORY

Patient: \_\_\_\_\_

DOB: \_\_\_\_\_

Date of intake: \_\_\_\_\_

Relation to other MSSA/MRSA patient: \_\_\_\_\_

Active disease: \_\_\_\_\_

Contact: \_\_\_\_\_

Colonized: \_\_\_\_\_

*Positive staph cultures*

Patient	MSSA/MRSA or Both	Contact	Dates

Antibiotics :

Dates:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Past Medical History*

**Serious medical illnesses :**

Illness that caused hospitalizations, disability, lasted for a prolonged period of time, prevented you from work or recreation for prolonged periods of time.

(Circle none or list below) none

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Current medication:**

(Circle none or list below) none

1. \_\_\_\_\_
2. \_\_\_\_\_

**Allergies or intolerance to medications:**

(Circle none or list below) none

1. \_\_\_\_\_
2. \_\_\_\_\_

**Operations :**

(Circle none or list below) none

1. \_\_\_\_\_
2. \_\_\_\_\_

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*Social*

Tobacco:

(Circle which is correct)

Never smoked

Smoked but quit

Still smoking

Years smoked: \_\_\_\_\_

Date of onset: \_\_\_\_\_ Packs per day: \_\_\_\_\_

Alcohol:

(Circle which is correct)

Never

Occasional

Frequent

DWI?                      Yes                      No

Rehab for alcohol?    Yes                      No

Drinks per day: \_\_\_\_\_

Educational level reached: \_\_\_\_\_

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*Marital History*

Circle which is correct:

Divorced

Never Married

Widow or widower

Number of times married: \_\_\_\_\_

Health of current spouse: \_\_\_\_\_

*Family History*

Mother: \_\_\_\_\_ Living Age: \_\_\_\_\_

Deceased age at death: \_\_\_\_\_ Cause of death: \_\_\_\_\_

If living, state of current health: \_\_\_\_\_

Father: \_\_\_\_\_ Living Age: \_\_\_\_\_

Deceased age at death: \_\_\_\_\_ Cause of death: \_\_\_\_\_

If living, state of current health: \_\_\_\_\_

Siblings:

Number of brothers: \_\_\_\_\_ Number of sisters: \_\_\_\_\_

Any deceased and cause of death: \_\_\_\_\_

Diseases that run in your family: (Circle)

Frequent

Severe

Any other health problems that run in the family: \_\_\_\_\_

*Review of Systems*

This part of the questionnaire attempts to discover how all the various parts of your body are working.

My health is:

(Circle which is correct)

Excellent

Good

Fair

Poor

If you circled fair or poor please give the major reason you selected that option:

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Skin

All of us have minor skin problems. Please address boils or skin infections, or any skin cancers.

Rashes: \_\_\_\_\_

Malignancies: \_\_\_\_\_

Other: \_\_\_\_\_

Bone Muscle Joints

Please comment and list any of the following: Rheumatism, arthritis, visits to a joint doctor either a rheumatologist or an orthopedist.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Are you taking medicine for arthritis? \_\_\_\_\_

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Joint replacements, if any:

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Date: \_\_\_\_\_ Surgeon: \_\_\_\_\_  
Date: \_\_\_\_\_ Surgeon: \_\_\_\_\_  
Date: \_\_\_\_\_ Surgeon: \_\_\_\_\_

Complication: \_\_\_\_\_

Malignancies? \_\_\_\_\_

Other: \_\_\_\_\_

Endocrine:  
(Circle those that apply)

WNL (normal)                      DM                      Thyroid                      Other

Notes about any of the above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extremities:  
(Circle those that apply)

WNL (normal)                      Ulcerations                      Vascular Problems                      Other

Notes about any of the above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Blood:

(Circle those that apply)

- WNL (normal)
- Clotting Problems
- WBC Problems
- RBC Problems
- Other

Notes about any of the above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HEET - Ear, Nose, Throat:

(Circle those that apply)

- WNL (normal)
- Sinus
- Nose Bleed
- Oral
- Other

Notes about any of the above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Neck:

(Circle those that apply)

- WNL (normal)
- Masses
- Other

Notes about any of the above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Breast:

(Circle those that apply)

WNL (normal)

Other

Notes about any of the above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pulmonary:

(Circle those that apply)

WNL (normal)

Pneumonia

Tobacco

TB

Shortness of Breath

Notes about any of the above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardiac:

(Circle those that apply)

WNL (normal)

HBP

Lipid

Myocardial Disease

Peripheral Vascular Disease

Other

Notes about any of the above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Gastric Intestine:  
(Circle those that apply)

WNL (normal)      GB      Small Intestine      Large Intestine      Gastric

Notes about any of the above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gastric Urinary:  
(Circle those that apply)

WNL (normal)      Infections      Stones      Other

Notes about any of the above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VD:  
(Circle those that apply)

WNL (normal)      STD

Notes about any of the above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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OB/GYN:  
(Circle those that apply)

WNL (normal)                      NA                      Abnormal Pap                      Malignancies

Notes about any of the above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Neurological:

WNL (normal)                      Seizures                      CVA                      Other

Notes about any of the above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_