



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. _____

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: _____

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:

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:

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: _____

