



THE SURGEONS GROUP OF BATON ROUGE

SPECIALISTS IN MINIMALLY INVASIVE SURGERY

Hernia Patient Information Request

The questions below are designed to assist us in the evaluation of our patients, like you, who have difficult hernia problems and may reside outside of the Baton Rouge area. This will greatly speed up your evaluation when you visit our office.

The information that we request below is vital to our understanding of your condition and the problems that it may be causing. Please answer all of them completely as possible and leave none of them blank. Answer the questions “yes” or “no” or put “n/a” (not applicable) if there’s nothing to write in the space and we will assume that this question is not pertinent to your condition.

If you have any concerns regarding these questions, please do not hesitate to contact our office at 225-769-5656 or email Vanessa at Vanessa@sgr.com. Thank you for helping us better understand your condition(s) so that we may better help you.

PERSONAL DATA

Name _____ Date _____

Address: _____

Phone: (H) _____ (Cell) _____ Other _____

Email address _____

Date of birth _____ Age _____ Sex _____

Height _____ Weight _____ BMI _____ (if known)

Do you smoke? Yes _____ No _____ If so, number of packs per day _____

How long have you smoked? _____

Name of our surgeon you are coming to see _____

REFERRAL DATA

Referring physician or surgeon and his/her contact information _____

If you have no referral, how did you hear about us? _____

Name and address of your primary care physician _____

DESCRIPTION OF CONDITION

What is your main reason for contacting us?

What symptoms were you having that prompted you to seek our assistance? Please describe these in detail. Is there a bulge or persistent lump? If pain is the reason, describe its character, rate of occurrence, things that cause it to get worse and better, etc. The location of the pain is important. Has your pain changed with any previous treatments?

Are there any other symptoms not listed above? If so, please list them in detail.

MEDICAL HISTORY

List **all** medical conditions that you now have and/or under the care of a physician Use another sheet of paper if necessary for this and all other questions if you plan to use the PDF and fax this to us. Otherwise, the .DOC version will expand as needed to accommodate your responses.

List **all** surgical procedures that you have had that did **not** involve your abdomen or groin and the date of these operations.

List **all** surgical procedures that you have had that **did** involve your abdomen or groin and the date of these operations. Was mesh used in these surgeries? If so, please list them if you can. Have any of these meshes been removed? Please also note if these were open procedures or laparoscopic, if you can. We will need all operative reports of the hernia operations that you have had in the past; at least the last 3-5. You will need to contact the surgeon or hospital to supply a copy.

Have you ever been treated with a wound vac? Please list the dates of these treatments and the reasons for its use.

List **all** medications that you are taking at this time. This includes any blood-thinning drugs and herbal medications.

If you have had treatment because of pain following a hernia operation, please list **all** the treatments that you have had and the treating physicians (with address), if possible.

Have you had any recent CT scans, MRI's or other X-Ray studies? Yes _____ No _____
If so, we will need the reports of these as well as the original study or a copy **on disk** so that they can be reviewed. You will need to mail or overnight these items prior to your visit.

If you have had any other laboratory or other tests in regards to the evaluation to this problem, copies of these will need to be sent also prior to your visit.

If you have any other comments or concerns, please list them below.