SURGICAL HISTORY

- ☐ I do not have a surgical history
- ☐ Adenoids (w/o tonsils)
- ☐ Tonsils (w/o adenoids)
- ☐ Adenoids & Tonsillectomy
- ☐ Appendectomy
- ☐ Artificial Joint R ☐ L ☐

Location (s):……

- ☐ Back – Reason:
  - ☐ Cervical ☐ Thoracic ☐ Lumbar
- ☐ Breast Biopsy: R ☐ L ☐
- ☐ Breast Implants ☐ R ☐ L
- Breast Lift ☐ R ☐ L

- ☐ Cancer: (Type)……..
  - ☐ Surgical Removal ☐ Chemo / Radiation
- ☐ Cataract (s) ☐ R ☐ L

- ☐ C-Section # of times:……..
- ☐ Gallbladder

- ☐ Ear Tubes: # of times:……..
- ☐ Endometrial Ablation

- ☐ Eye ☐ R ☐ L Type (s):……
- ☐ Heart Bypass
- ☐ Heart Stents
- ☐ Hernia Repair: #.....

- ☐ Hysterectomy
- ☐ Mastectomy ☐ R ☐ L
- ☐ Orthopedic ☐ R ☐ L

Body Part(s):…….

- ☐ Pacemaker
- ☐ Sinus
- ☐ Thyroidectomy
- ☐ Tubal Ligation
- ☐ Vasectomy
- ☐ Other:……

MEDICAL HISTORY

- ☐ I do not have a medical history
- ☐ A. Fib
- ☐ Acid Reflux
- ☐ ADD / ADHD
- ☐ Anxiety
- ☐ Arthritis / DJD
- ☐ Asthma
- ☐ Breast Lump
- ☐ Breast Reduction
- ☐ CHF
- ☐ COPD/Emphysema
- ☐ Crohn's
- ☐ CVA / Stroke
- ☐ Dementia
- ☐ Depression
- ☐ Diabetes – Type……
- ☐ Diverticulitis
- ☐ Endometriosis
- ☐ Fibromyalgia
- ☐ Gall Stones
- ☐ Gastric Bypass
- ☐ Glaucoma
- ☐ Gout
- ☐ Heart Attack
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ Herpes
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Hypothyroid
- ☐ Kidney disease
- ☐ Kidney Stones
- ☐ Lap Band
- ☐ Migraines
- ☐ Neuropathy
- ☐ Parkinson's
- ☐ Pulmonary Embolism
- ☐ Rheumatoid Arthritis
- ☐ Sciatica
- ☐ Sleep Apnea
- ☐ TIA
- ☐ Other:……

FAMILY HISTORY.

Relationship:	Diseases:
Mother / Father:……	
Brother / Sister:……	
Grandfather / Grandmother:……	
Uncle / Aunt:……	

Social History

Smoking: ☐ Yes ☐ No How much:……..
Alcohol Intake: ☐ Yes ☐ No How much:……
Drug Abuse: ☐ Yes ☐ No Which Drug:……

Occupation:……

MEDICATIONS

- ☐ I do not take any medications
- ☐ I have a list I will provide for copying

Name of Medication	Dose	Frequency

ALLERGIES

- ☐ No Known Drug Allergies

- ☐ Penicillin
- ☐ Sulfa
- ☐ Others…