

PLEASE CIRCLE ALL THAT APPLY

PAST MEDICAL HISTORY:

AIDS/HIV	DDD	Herpes	Rheumatic Fever
Alcoholism	Decrease in hearing	High Blood Pressure	Scarlet Fever
Allergies	Dementia	Kidney Disease/Failure	Sciatica
Alzheimer's	Depression	Multiple Sclerosis	Seizures
Anemia	Diabetes	Neuropathy	Stroke
Angina	Diverticulitis	Osteopenia	Thyroid
Anxiety	Emphysema	Osteoporosis	Tuberculosis
Arthritis OA / RA	Epilepsy	Pacemaker	Typhoid Fever
Asthma	Fibromyalgia	Parkinson's Disease	Ulcers – Peptic Duodenal
Atrial Fib	GERD/Reflux	Peripheral Arterial Disease	Valley Fever
Bipolar	Glaucoma	Phlebitis	Varicose Veins
Birth Trauma	Goiter	Pleurisy	Venereal Disease
Breast Cancer	Gout	Pneumonia	Whooping Cough
Cancer	Hearing Aid	Polio	
Cholesterol	Heart Disease	Prostate Cancer	
Chronic Bronchitis	Heart Murmur	Psoriasis	
	Hepatitis		

PAST SURGICAL HISTORY:

Amputation	C-Section	Hernia Repair	Plastic Surgery
Angioplasty	Disc Clean-Up	Hip Replacement	Rotator Cuff Surgery
Ankle Surgery	Ear Surgery	Hysterectomy	Stent
Appendectomy	Eye Surgery	Kidney Stones	Thyroidectomy
Back Surgery	Foot Surgery	Knee Surgery	Tonsils / Adenoids
Biopsy	Gall Bladder	Lung Surgery	Tubal Ligation
Bladder	Gastric Bypass/Lapband	Mastectomy	TURP
Brain Surgery	Hammertoe Surgery	Nail Removal	Valve Surgery
Bunionectomy	Hand Surgery	Neuroma Surgery	Vascular Surgery
Cancer Surgery	Heart Bypass Surgery	Nose Surgery	Wart Removal
Carpal Tunnel Surgery	Heart Transplant	Plantar Wart Removal	Wisdom Teeth Removal

List any other health conditions or surgeries:

Family History:

Anesthesia Complications	Arthritis	Bleeding Abnormalities	Cancer
Diabetes	Heart Disease	Hypertension	Lung Disease

List any other family health conditions:

Signature: _____