Print in Color or Grayscale OnlyUsing Adobe Acrobat Reader 8.0 or later

Surgeries

		PLEASE PRINT	I PAHENI	3 LAST INAIVIE						
Marking Instruction	S 🥕									
Please use a # 2 pencil		PLEASE PRINT PATIENT'S FIRST NAME				PATIENT'S DATE OF BIRTH				
Fill in the complete oval as shown										
This is the complete ovar as shown						Month	Day		Year	
Please mark all surgeries y	ou have	e had.					,			
I have had no Surgeries. (no	need to co	mplete ques	stionnaiı	re)						
Anal Fissure Repair		ick Disc Surg	gery	Tonsilled	tomy) Dev	iated N	lose Sep	tun
		Neck Disc Surgery		Ulcer Su	rgery		⊃ Tub	al Ligat	ion	
Hemorrhoidectomy	Sinus S	urgery		○ Vasector	ny					
Prostate Surgery	<u> </u>	JRP		Removal						
Gallbladder Surgery		pen		Laparoscopic						
Colon Polyp Removal		pen		Colonoscopy						
Colon Removal		artial		Complete						
Hysterectomy (due to cancer)		artial		Complete						
Hysterectomy (not due to cancer)		artial		Complete						
Spinal Fusion Spinal Decompression		eck eck		Lower Back Lower Back						
Dilation and Curettage (D&C)		ngle		Multiple						
Dilation and Curettage (D&C)	<u></u> 31	rigie		iviuitipie						
Lung Surgery	<u> </u>	eft		Right		Both				
Kidney Removal		eft		Right	$\overline{}$	Both				
Cataract Surgery		eft		Right		Both				
Breast Cancer Lump Removal		eft		Right		Both				
Mastectomy		eft		Right		Both				
Breast Reconstruction		eft		Right		Both				
Breast Reduction		eft		Right	Ŏ	Both				
Ovary Removal	◯ Le	eft		Right		Both				
Carpal Tunnel Surgery	◯ Le	eft		Right		Both				
Rotator Cuff Repair	◯ Le	eft		Right		Both				
Arthroscopic Shoulder Surgery	◯ Le	eft		Right		Both				
Hip Fracture & Surgery	◯ Le	eft		Right		Both				
Total Hip Replacement	◯ Le	eft		Right		Both				
Total Knee Replacement		eft		Right		Both				
Arthroscopic Knee Surgery		eft		Right		Both				
Foot Surgery		eft		Right		Both				
Varicose Vein Procedure		eft		Right		Both				
Mastoidectomy	O Le	eft		Right		Both				
Thyroid Removal	◯ Le	eft		Right		Total			Partial	
		r.				5				
Breast Biopsy		eft		Right		Both			Multiple	
Carotid Artery Surgery		eft oft		Right		Both			Multiple	
Open Inguinal Hernia Surgery Laparoscopic Inguinal Hernia Surgery		eft eft		Right Right		Both Both			Multiple Multiple	
Laparoscopic inguillal nerilla surgery	O Le	:11		INBIIL		שטנוו			iviuitipie	; till
Caesarean Section	<u> </u>			2		3 or more	e			
Heart Valve Replacement		litral		Aortic		Tricuspid			Unknowr	n Val
Heart Bypass Surgery		vessel		2 vessels		3 vessels			4 or more	e ves
		nknown numl	har of wa	colc						

