

Surgeries

Please answer every question.

Marking Instructions

Please use a #2 pencil.
Fill in the complete oval as shown...



PLEASE PRINT PATIENT'S LAST NAME

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

Month

Day

Year

Please mark all surgeries you have had.

I have had no Surgeries. (no need to complete questionnaire)

- | | | | |
|---|---|-------------------------------------|--|
| <input type="radio"/> Anal Fissure Repair | <input type="radio"/> Low Back Disc Surgery | <input type="radio"/> Tonsillectomy | <input type="radio"/> Deviated Nose Septum |
| <input type="radio"/> Appendectomy | <input type="radio"/> Neck Disc Surgery | <input type="radio"/> Ulcer Surgery | <input type="radio"/> Tubal Ligation |
| <input type="radio"/> Hemorrhoidectomy | <input type="radio"/> Sinus Surgery | <input type="radio"/> Vasectomy | <input type="radio"/> Abdominal Surgery |

| | | | | |
|--|---|------------------------------------|---------------------------------|---|
| <input type="radio"/> Prostate Surgery | <input type="radio"/> TURP | <input type="radio"/> Removal | | |
| <input type="radio"/> Gallbladder Surgery | <input type="radio"/> Open | <input type="radio"/> Laparoscopic | | |
| <input type="radio"/> Colon Polyp Removal | <input type="radio"/> Open | <input type="radio"/> Colonoscopy | | |
| <input type="radio"/> Colon Removal | <input type="radio"/> Partial | <input type="radio"/> Complete | | |
| <input type="radio"/> Hysterectomy (due to cancer) | <input type="radio"/> Partial | <input type="radio"/> Complete | | |
| <input type="radio"/> Hysterectomy (not due to cancer) | <input type="radio"/> Partial | <input type="radio"/> Complete | | |
| <input type="radio"/> Spinal Fusion | <input type="radio"/> Neck | <input type="radio"/> Lower Back | | |
| <input type="radio"/> Spinal Decompression | <input type="radio"/> Neck | <input type="radio"/> Lower Back | | |
| <input type="radio"/> Dilation and Curettage (D&C) | <input type="radio"/> Single | <input type="radio"/> Multiple | | |
| | | | | |
| <input type="radio"/> Lung Surgery | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | |
| <input type="radio"/> Kidney Removal | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | |
| <input type="radio"/> Cataract Surgery | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | |
| <input type="radio"/> Breast Cancer Lump Removal | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | |
| <input type="radio"/> Mastectomy | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | |
| <input type="radio"/> Breast Reconstruction | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | |
| <input type="radio"/> Breast Reduction | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | |
| <input type="radio"/> Ovary Removal | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | |
| <input type="radio"/> Carpal Tunnel Surgery | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | |
| <input type="radio"/> Rotator Cuff Repair | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | |
| <input type="radio"/> Arthroscopic Shoulder Surgery | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | |
| <input type="radio"/> Hip Fracture & Surgery | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | |
| <input type="radio"/> Total Hip Replacement | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | |
| <input type="radio"/> Total Knee Replacement | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | |
| <input type="radio"/> Arthroscopic Knee Surgery | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | |
| <input type="radio"/> Foot Surgery | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | |
| <input type="radio"/> Varicose Vein Procedure | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | |
| <input type="radio"/> Mastoidectomy | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | |
| | | | | |
| <input type="radio"/> Thyroid Removal | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Total | <input type="radio"/> Partial |
| | | | | |
| <input type="radio"/> Breast Biopsy | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | <input type="radio"/> Multiple times |
| <input type="radio"/> Carotid Artery Surgery | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | <input type="radio"/> Multiple times |
| <input type="radio"/> Open Inguinal Hernia Surgery | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | <input type="radio"/> Multiple times |
| <input type="radio"/> Laparoscopic Inguinal Hernia Surgery | <input type="radio"/> Left | <input type="radio"/> Right | <input type="radio"/> Both | <input type="radio"/> Multiple times |
| | | | | |
| <input type="radio"/> Caesarean Section | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 or more | |
| | | | | |
| <input type="radio"/> Heart Valve Replacement | <input type="radio"/> Mitral | <input type="radio"/> Aortic | <input type="radio"/> Tricuspid | <input type="radio"/> Unknown Valve |
| | | | | |
| <input type="radio"/> Heart Bypass Surgery | <input type="radio"/> 1 vessel | <input type="radio"/> 2 vessels | <input type="radio"/> 3 vessels | <input type="radio"/> 4 or more vessels |
| | <input type="radio"/> Unknown number of vessels | | | |