

Do not write, stamp, punch holes or affix a sticker in this area.

Direction of Feed

# Surgeries

Please answer every question

To reproduce, follow the printing instructions. Do not fold this form.

## 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"/> 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"/> Unknown number of vessels	<input type="radio"/> 2 vessels	<input type="radio"/> 3 vessels <input type="radio"/> 4 or more vessels