MEDICAL HISTORY

Have you ever been treated or are being treated for any of the following?
Please check ALL that apply:

__ AIDS / Other STD
__ Anemia
__ Anesthesia Problems
__ Arthritis / Rheumatism
__ Asthma
__ Back Trouble
__ Bariatric Surgery
__ Bleeding Tendencies
__ Chronic Bronchitis
__ Cancer
__ Colitis / Bowel Problem
__ Depression
__ Diabetes
__ Emphysema / Phlebitis
__ Epilepsy
__ Gallbladder Disease
__ Gout
__ Heart Issues
__ Hemorrhoids
__ Hepatitis / Jaundice
__ Hernia
__ High Blood Pressure
__ Kidney / Bladder Problems
__ Migraine Headaches
__ Pregnancy
__ Prostate issues
__ Sickle Cell Disease
__ Stomach Ulcer
__ Stroke
__ Thyroid Problems

Other: _____

Surgical History

Please, list surgeries you have had in the past

Surgery	When	Where

I confirm that the information provided is accurate and complete to the best of my knowledge

X_____ Date_____
patient/ responsible party

Revised: May 5, 2017