



**PAST SURGICAL HISTORY:(PLEASE CIRCLE ALL THAT APPLY)**

APPENDIX	JOINT REPLACEMENT
TONSIL	LAMINECHOMY
GALL BLADDER	
COLON	PACEMAKER
PROSTATE	HEART BYPASS
HERNIA	
HYSTERECTOMY	COSMETIC
BREAST	OTHER _____

**FAMILY HISTORY:**

	AGE AT DEATH	MEDICAL PROBLEM(S)
<b>FATHER</b>	_____	_____
<b>MOTHER</b>	_____	_____
<b>BROTHERS</b>	_____	_____
<b>SISTERS</b>	_____	_____
<b>SONS</b>	_____	_____
<b>DAUGHTERS</b>	_____	_____

**SOCIAL HISTORY:**

**OCCUPATION:** \_\_\_\_\_ **# OF CHILDREN** \_\_\_\_\_

**MARITAL STATUS:** \_\_\_\_\_

**SMOKING:** NEVER / NOW / IN PAST **PACKS PER DAY :** \_\_\_\_\_

**ALCOHOL:** DAILY / OCCASIONALLY / RARELY

**EXERCISE:** DAILY / OCCASIONALLY / RARELY

**CAFFEINE:** \_\_\_\_\_ PER DAY

**SCREENING TEST – WHEN WAS YOUR LAST;**

**WOMEN**

MAMMOGRAM \_\_\_\_\_  
BLOOD TEST \_\_\_\_\_  
PAP SMEAR \_\_\_\_\_

**MEN**

PROSTATE EXAM \_\_\_\_\_  
PSA \_\_\_\_\_

**ALL**

COLONOSCOPY \_\_\_\_\_  
TETANUS SHOT \_\_\_\_\_

BONE DENSITY \_\_\_\_\_  
PNEUMONIA SHOT \_\_\_\_\_

URINE TEST \_\_\_\_\_  
FLU SHOT \_\_\_\_\_