

Name (Last, First, M.I.)

Date of Birth (Month, Day, Year)

If you have completed sections 4 since your last birthday, please proceed to section 5. Check all that apply.

1. Medical History

' \$QHPLD	' &+) +FBilurew	' +H DUW 'LVH DVH	' 6HL]XUHV
' \$Q[LHW\	' 'HSUHV VLRQ	' +,9 \$,'6	' 6WURNH
' \$UWKULWLV	' 'LDEHWHV	' +\SHUWHQVLRQ	' 7K\URLG 3UREOF
' \$VWKPD	' (PSK\VHPD &23'	Pressure	
' %OHHGLQJ 'LVRI	' *(5' +H DUWEXUQ	' .LGQH\ 'LVH DVH	' 2WKHU BBBB
' %ORRG &ORWV ' Reflux		' /LYHU 'LVH DVH	_____
' &DQFHU		' 3DOSLWDWLRQV	_____

2. Surgical History

' 1R 6XUJHU\	' &RURQDU\ \$UWH	' +HUQLD 5HSDLU	' 2UJTDQsplant
		Location: _____	
' \$QHVKHVL D &R	' &RURQDU\ \$UWH	' +LS 5HSODFHPH	' 2WKHU BBBB
' \$SSHQGHFWRP\	' (\H 6XUJHU\	' +\VWHUHFWRP\	_____
' %UHDVW 6XUJHU		' .QHH 5HSODFHPH	_____
' &RORQRVFRS\	' *DOOEODGGHU 6	' 3URVWDWH 6XUJ	
	(Cholecystectomy)	' 6SLQH 6XUJHU\	

3. Social History

Alcohol Use	Street Drug Use	Tobacco Use	Sexually Active
' <HV ' 1R ' 1HYI	' <HV ' 1R ' 1HYI	' <HV ' 1R ' 1HYI	' <HV ' 1R ' 1RW
' Wine	' 0DULMXDQD	Type _____	Partners (check all that apply)
' %HHU	' 0HWKDPSKHWD P	' &XUUHQW 6PRNF	')HPDOH ' 0DOH
' /LTXR U	' &RFDLQH	Packs per day _____	Birth Control/Protection
	' +HURLQ		' <HV ' 1R
	' 2WKHU	')RUPHU 6PRNHU	Method _____

4. Family Medical History

