Personal Health History

Health condition

Select conditions that are applicable to your health history

- ☐ Alcoholism
- ☐ Allergies
- ☐ Anemia
- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthma
- ☐ Blood transfusion
- ☐ BPH (benign prostatic hyperplasia)
- ☐ Cancer
- ☐ Cataracts
- ☐ Clotting disorder
- ☐ Colonic Adenoma
- ☐ Concussion
- ☐ Congestive Heart Failure
- ☐ COPD (Lung disease)
- ☐ Coronary artery disease
- ☐ Depression
- ☐ Diabetes Mellitus
- ☐ Diverticulitis
- ☐ GERD (heartburn)
- ☐ Glaucoma
- ☐ Headaches
- ☐ Heart Murmur
- ☐ HIV/AIDS
- ☐ Hyperlipidemia (high cholesterol)
- ☐ Hypertension (high blood pressure)
- ☐ Hypothyroidism
- ☐ Irregular menses
- ☐ Kidney disease
- ☐ Liver disease
- ☐ Menorrhagia
- ☐ Myocardial infarction (heart attack)
- ☐ nerve/muscle disease
- ☐ Osteoporosis
- ☐ Seizures
- ☐ Sickle cell anemia
- ☐ Sleep apnea
- ☐ Stroke
- ☐ Substance abuse
- ☐ Tuberculosis
- ☐ Ulcers
- ☐ Other ______________________
- ☐ Other ______________________

Past Surgical History

Select surgeries you have had and estimated date of surgery

- ☐ Appendectomy
- ☐ Bariatric surgery
- ☐ Brain surgery
- ☐ Breast surgery
- ☐ CABG (bypass)
- ☐ Cholecystectomy
- ☐ Colon surgery
- ☐ Cosmetic surgery
- ☐ Eye surgery
- ☐ Fracture surgery
- ☐ Hernia repair
- ☐ Hysterectomy
- ☐ Joint replacement
- ☐ Prostate surgery
- ☐ Small intestine surgery
- ☐ Spine surgery
- ☐ Tonsillectomy
- ☐ Valve replacement
- ☐ Other ______________________