

NAME _____

OPERATIONS AND PROCEDURES

Date _____	Date _____	Date _____
_____ Tonsillectomy	_____ Tubes in Ears	_____ Thyroid
_____ Gall Bladder	_____ Hysterectomy	_____ Sinus
_____ Back Operation	_____ Rectal Surgery	_____ Stomach
_____ Appendectomy	_____ Hernia	_____ Tubal Ligation
_____ Vasectomy	_____ Prostate	_____ Wisdom Teeth
_____ Breast Surgery	_____ Cyst Removal	_____ Laparoscopy
_____ Other _____		

HABITS

Do you use tobacco? _____ If so what, how much, and how frequent? _____

Do you drink alcohol? _____ If so what, how much, and how frequent? _____

Do you drink caffeine? _____ How many cups per day of: Coffee? _____ Tea? _____ Soft drinks? _____

EXERCISE

Type _____ Frequency _____ () None

WORK DESCRIPTION

If you are currently working, please describe your duties / tasks on the back of this paper in detail.
 Are you working with restrictions? If so what are they?

FAMILY HISTORY

Family history Check (✓) condition(s) and relationship of any blood relative who has or has had any of the conditions listed below.	S E L F					F A T H E R					M O T H E R					B R O T H E R					S I S T E R					D A U G H T E R											
	S	E	L	F		F	A	T	H	E	R	M	O	T	H	E	R	B	R	O	T	H	E	R	S	I	S	T	E	R	D	A	U	G	H	T	E
Alcoholism																																					
Allergies																																					
Anemia																																					
Arthritis																																					
Asthma																																					
Birth Defects																																					
Bleeding Tendency																																					
Cancer, tumor																																					
Colitis																																					
Congenital Heart																																					
Diabetes																																					
Emphysema																																					
Epilepsy																																					
Glaucoma																																					
Goiter																																					
Hay Fever																																					
Heart Attack																																					
Heart Disease																																					
High Blood Pressure																																					
Kidney Disease																																					
Leukemia																																					
Liver Disease																																					