

Do not write, stamp,  
punch holes or affix a  
sticker in this area.

Direction of Feed

# Surgeries

Please answer every question

To reproduce, follow the  
printing instructions.  
Do not fold this form.

## Marking Instructions

Please use a # 2 pencil  
Fill in the complete oval as shown...



PLEASE PRINT PATIENT'S LAST NAME

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

Month

Day

Year

## Please mark all surgeries you have had.

I have had no Surgeries. (no need to complete questionnaire)

- |   |   |                                     |  |
|---|---|-------------------------------------|--|
| <input type="radio"/> Anal Fissure Repair | <input type="radio"/> Low Back Disc Surgery | <input type="radio"/> Tonsillectomy | <input type="radio"/> Deviated Nose Septum |
| <input type="radio"/> Appendectomy        | <input type="radio"/> Neck Disc Surgery     | <input type="radio"/> Ulcer Surgery | <input type="radio"/> Tubal Ligation       |
| <input type="radio"/> Hemorrhoidectomy    | <input type="radio"/> Sinus Surgery         | <input type="radio"/> Vasectomy     |  |

Prostate Surgery	<input type="radio"/> TURP	<input type="radio"/> Removal		
Gallbladder Surgery	<input type="radio"/> Open	<input type="radio"/> Laparoscopic		
Colon Polyp Removal	<input type="radio"/> Open	<input type="radio"/> Colonoscopy		
Colon Removal	<input type="radio"/> Partial	<input type="radio"/> Complete		
Hysterectomy (due to cancer)	<input type="radio"/> Partial	<input type="radio"/> Complete		
Hysterectomy (not due to cancer)	<input type="radio"/> Partial	<input type="radio"/> Complete		
Spinal Fusion	<input type="radio"/> Neck	<input type="radio"/> Lower Back		
Spinal Decompression	<input type="radio"/> Neck	<input type="radio"/> Lower Back		
Dilation and Curettage (D&C)	<input type="radio"/> Single	<input type="radio"/> Multiple		
Lung Surgery	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	
Kidney Removal	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	
Cataract Surgery	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	
Breast Cancer Lump Removal	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	
Mastectomy	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	
Breast Reconstruction	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	
Breast Reduction	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	
Ovary Removal	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	
Carpal Tunnel Surgery	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	
Rotator Cuff Repair	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	
Arthroscopic Shoulder Surgery	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	
Hip Fracture & Surgery	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	
Total Hip Replacement	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	
Total Knee Replacement	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	
Arthroscopic Knee Surgery	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	
Foot Surgery	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	
Varicose Vein Procedure	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	
Mastoidectomy	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	
Thyroid Removal	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Total	<input type="radio"/> Partial
Breast Biopsy	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	<input type="radio"/> Multiple times
Carotid Artery Surgery	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	<input type="radio"/> Multiple times
Open Inguinal Hernia Surgery	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	<input type="radio"/> Multiple times
Laparoscopic Inguinal Hernia Surgery	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Both	<input type="radio"/> Multiple times
Caesarean Section	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3 or more	
Heart Valve Replacement	<input type="radio"/> Mitral	<input type="radio"/> Aortic	<input type="radio"/> Tricuspid	<input type="radio"/> Unknown Valve
Heart Bypass Surgery	<input type="radio"/> 1 vessel	<input type="radio"/> 2 vessels	<input type="radio"/> 3 vessels	<input type="radio"/> 4 or more vessels
	<input type="radio"/> Unknown number of vessels			