

Surgical History (circle 'yes' or 'no')

Appendectomy	Cesarean-Section
Cardiac Bypass Graft Surgery	Cardiac Catheterization
Hernia repair	Hysterectomy (ovaries not removed)
Gall bladder removal (Open surgery)	PTCA (Angioplasty or Heart Stent)
Gall bladder removal (Laparoscopic)	Hysterectomy with Ovaries removed

Other Surgical History

Tobacco Use
 Yes No Quit _____(quit date)
 Packs/day _____

Alcohol Use
 Yes No
 # of Drinks/Week

Can(s) of beer each week
 Shot(s) of liquor each week
 Drink(s) containing 0.5 oz of alcohol each

Family Health History	Living? (L) Deceased? (D) Unknown? (U)	Medical Conditions
Mother		
Father		
Mother's Mom		
Mother's Dad		
Father's Mom		
Father's Dad		
Sister		
Brother		
other		