Patient Name: Date of Birth:

Have you ever had any of the following? Check all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
| Anxiety | ☐ | Heart Disease | ☐ |
| Arthritis | ☐ | Hepatitis or Liver Disease | ☐ |
| Asthma | ☐ | High Blood Pressure (hypertension) | ☐ |
| Blood Clot | ☐ | Kidney Disease | ☐ |
| COPD | ☐ | Seizure Disorder | ☐ |
| Depression | ☐ | Stroke | ☐ |
| Diabetes | ☐ | Thyroid Disease | ☐ |

Have you ever had any type of surgery procedure? Yes ☐ No ☐

Have you ever had any of the following surgeries or procedures? Check all that apply.

|  |  |  |
| --- | --- | --- |
| **Surgery/Procedure** | **Check all that apply** | **What is the date of your last surgery? Make your best estimate if you are unsure of the exact date.** |
| Heart, vein, or artery (bypass, valve repair, sent, pacemaker, fistula for dialysis, etc) | ☐ |  |
| Tumor Removal | ☐ |  |
| Appendix removal (appendectomy) | ☐ |  |
| Gallbladder removal (cholecystectomy) | ☐ |  |
| Hernia Repair | ☐ |  |
| Back or Neck Surgery | ☐ |  |
| Bladder Surgery | ☐ |  |
| Broken bone repair (fracture fixation) | ☐ |  |
| Joint replacement | ☐ |  |
| Removal of part of the intestines (colectomy) | ☐ |  |
| Cataract surgery | ☐ |  |
| Breast removal | ☐ |  |
| Tonsil removal (tonsillectomy) | ☐ |  |
| Hysterectomy | ☐ |  |
| C-Section | ☐ |  |
| Another surgery or procedure | ☐ |  |

Has a biological family member (blood relative) ever had any of the following that you know of? Check all that apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ADHD | ☐ | Depression | ☐ | Learning Disability | ☐ |
| Arthritis | ☐ | Diabetes | ☐ | Obesity | ☐ |
| Asthma | ☐ | Heart Disease | ☐ | Seizure Disorder | ☐ |
| Blood Disorder | ☐ | High Blood Pressure | ☐ | Stroke | ☐ |
| Cancer | ☐ | Kidney Disease | ☐ | Thyroid Disease | ☐ |

Do you use a vape? Yes ☐ No ☐

Which option best describes your tobacco smoking status?

*A heavy smoker can be defined as someone who smokes 10 cigarettes per day, or an equivalent quantity of cigar or pipe smoke.*

*A light smoker can be defined as someone who smokes less than 10 cigarettes per day, or an equivalent quantity of cigar or pipe smoke.*

 ☐Current every day smoker

 ☐Current some day smoker

☐Former smoker

☐Heavy tobacco smoker

☐Light tobacco smoker

☐Never smoked

☐Smoker but current status unknown

☐Unsure if ever smoked

Have you ever used any non-smoking tobacco products like chew, snuff, or smokeless? Yes ☐ No ☐