Patient Name: Date of Birth:

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

|  |  |  |  |
| --- | --- | --- | --- |
| ADHD | ☐ | Migraines | ☐ |
| Asthma | ☐ | Heart Murmur | ☐ |
| Congenital Heart Disease (present at birth) | ☐ | Premature birth (born prior to 37 weeks of pregnancy) | ☐ |
| Constipation | ☐ | Seizure Disorder | ☐ |
| Diabetes | ☐ | Urinary Tract Infection | ☐ |

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) | ☐ |  |
| Prostate removal (prostatectomy) | ☐ |  |
| 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 | ☐ | High Blood Pressure | ☐ |
| Asthma | ☐ | Kidney Disease | ☐ |
| Cancer | ☐ | Learning Disability | ☐ |
| Depression | ☐ | Obesity | ☐ |
| Diabetes | ☐ | Seizure Disorder | ☐ |
| Heart Disease | ☐ | Thyroid Disease | ☐ |