Medical History (please check all that apply)

□ Anemia	□ Cancer	□ GERD/Heartburn/Reflux	□ Seizures
□ Anxiety	□ CHF/Heart Failure	□ HIV/AIDS	□ Stroke
□ Arthritis	□ Depression	□ Hypertension	□ Thyroid Problem
□ Asthma	□ Diabetes	□ Kidney Disease	□ Allergies
□ Bleeding Disorder	□ Emphysema/COPD	□ Liver Disease	□ Other:
□ Blood Clots/DVT	□ Fibromyalgia	□ Palpitations/Racing Heart	

Social History

Alcohol Use	**Drug Use**	**Tobacco Use**
□ Yes □ No □ Never	□ Yes □ No □ Never	□ Yes □ No □ Never □ Vaping
□ Wine	□ Marijuana	Type:
□ Beer	□ Methamphetamines	□ Current Smoker
□ Liquor	□ Cocaine	Packs per day:
Drinks per week:	□ Heroin	□ Former Smoker
	□ Other:	Packs per day:

Family History

	Father	Mother	Sibling	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather	Other
Anemia								
Anxiety								
Arthritis								
Bleeding Disorder								
Blood Clots/DVT								
Cancer								
CHF/Heart Failure								
Depression								
Diabetes								
Emphysema/COPD								
GERD/Heartburn/Acid Reflux								
Heart Disease								
HIV/AIDS								
High Blood Pressure								
Kidney Disease								
Palpitations/Racing Heart								
Seizures								
Stroke								
Thyroid Problems								

Surgical History (please check all that apply)

□ No Surgery	□ Colonoscopy	□ Gallbladder Surgery	□ Prostate Surgery
□ Anesthesia Complications	□ Coronary Artery Bypass	□ Hernia Repair Location:	□ Spine Surgery
□ Appendectomy	□ Coronary Artery Stent	□ Hysterectomy	□ Organ Transplant
□ Breast Surgery	□ Eye Surgery	□ Joint Replacement Location:	□ Other: