Have You Been Diagnosed With…

* Cataracts
* Glaucoma
* Coronary Heart Disease
* Congestive Heart Failure
* High Blood Pressure
* Pneumonia
* Asthma
* Emphysema
* Colitis
* IBS
* Hepatitis
* Chronic Liver Disease
* Chronis Kidney Disease

Have You Had the Following Surgeries…

* Tonsillectomy
* Heart Disease
* Mastectomy
* Splenectomy
* Appendectomy
* Hemorrhoidectomy

Other Surgeries/Hospitalizations

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Family History…

Father Mother

Deceased \_\_\_\_ \_\_\_\_ Diabetes \_\_\_\_ \_\_\_\_

Kidney Disease \_\_\_\_ \_\_\_\_

Heart Disease \_\_\_\_ \_\_\_\_

High Blood Pressure \_\_\_\_ \_\_\_\_

Obesity \_\_\_\_ \_\_\_\_

Osteoporosis \_\_\_\_ \_\_\_\_

Specify Cancer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do You Or Have You…

(Please Circle)

Smoke

Yes No Sometimes Formerly

Drink

Yes No Socially Formerly

Exercise

Yes No Occasionally

* Thyroid Disorder
* Osteoporosis
* Diabetes
* Psoriasis
* Arthritis
* Gout
* Stroke/TIA
* Dementia
* Depression
* Sleep Apnea
* Tuberculosis
* Anemia
* Cancer:\_\_\_\_\_\_\_\_\_\_\_\_
* Hernia Repair
* Vasectomy
* Cesarean Section
* Back Surgery
* Hip Surgery
* Knee Surgery

Brother Sister

\_\_\_\_ \_\_\_\_

\_\_\_\_ \_\_\_\_

\_\_\_\_ \_\_\_\_

\_\_\_\_ \_\_\_\_

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