

HISTORY OF SURGERIES: PLEASE INCLUDE COLONOSCOPIES

SURGERY

DATE AND PLACE

MEDICAL CONDITIONS: CHECK EACH THAT APPLY

- | | |
|---|---|
| <input type="radio"/> DIABETES | <input type="radio"/> VASCULAR DISEASE |
| <input type="radio"/> HEART DISEASE | <input type="radio"/> HIGH CHOLESTROL |
| <input type="radio"/> HIGH BLOOD PRESSURE | <input type="radio"/> TROUBLE URINATING |
| <input type="radio"/> SHORTNESS OF BREATH | <input type="radio"/> ANXIETY |
| <input type="radio"/> CHRONIC PAIN | <input type="radio"/> TROUBLE WALKING |

SPECIALTY PHYSICIAN: WHO DO YOU SEE OTHER THAN PRIMARY CARE?

CHECK EACH THAT APPLY

NAME OF DOCTOR

- CARDIOLOGY
- PULMONOLOGY
- GI SPECIALIST
- PAIN MANAGEMENT
- PODIATRY
- OB/GYN
- ENDOCRINOLOGY
- SUBSTANCE COUNSELING
- VASCULAR
- MENTAL HEALTH COUNSELING

SPECIAL CONCERNS TO BE ADDRESSED: