Allergies
☐ I have no known allergies
☐ I am allergic to:

<table>
<thead>
<tr>
<th>Reaction</th>
<th>I am allergic to:</th>
</tr>
</thead>
<tbody>
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Medications
Much of the information to complete below is on the label of your prescription bottles or can be obtained from your pharmacy or doctor’s office. Be sure to include **ALL kinds of medications such as Vitamins, Herbal Medication, Supplements, Birth Control, Inhalers and Pain Relievers.**

☐ I take no Prescription Medications, Non-Prescription Medications or Other Medications.

**Social History**

**Alcohol Use:**
How many times in the past year have you had:
Women: 4 or more drinks in a day? _____
Men under 65 years of age: 5 or more drinks in a day? _____
Men 65 years of age and older: 4 or more drinks in a day? _____

How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons? _____

Do you live with:
☐ Alone ☐ Sibling
☐ Child ☐ Significant other
☐ Father ☐ Spouse
☐ Mother ☐ Other

In the past 30 days, have you used tobacco? ☐ Yes ☐ No
If Yes, are you interested in quitting? ☐ Yes ☐ No
Number of cigarettes per day _____  Number of Years _____

Are you a former smoker? ☐ Yes ☐ No
If Yes, at what age did you quit? _____
Number of cigarettes per day _____  Number of Years _____
FAMILY HISTORY

Please provide your FAMILY’s health history below by checking the boxes for mother and/or father, and/or specifying other relatives (maternal or paternal grandfather, for example) on the line provided. Family includes mother, father, brothers, sisters, aunt, uncle, children and grandparents. You will be asked to provide your own health history on the next page.

<table>
<thead>
<tr>
<th>Mother</th>
<th>Father</th>
<th>Other Relative</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Cancer
- Breast Cancer
- Colon Cancer
- Colonic polyp
- Leukemia
- Lung cancer
- Lymphoma
- Malignant melanoma
- Ovarian Cancer
- Pancreatic Cancer
- Skin Cancer
- Thyroid Cancer
- Prostate Cancer
- Uterine Cancer

Gastrointestinal (GI)
- Colitis
- Crohn’s disease
- GI Bleeding
- Pancreatitis
- Acid Reflux
- Ulcerative Colitis
- Kidney
- Renal failure and on Dialysis
- Kidney Disease
- Kidney Stone
- Multi-cystic kidney

Cardiovascular
- Aortic aneurysm
- Bleeding disorder
- Blood clots
- Cerebral aneurysm
- Congestive Heart Failure
- Coronary Artery Disease
- Disorder of Heart Rhythm
- High Cholesterol
- Heart Attack
- High Blood Pressure
- Sudden Death

Neurologic
- Alzheimer’s disease
- Developmental Delays
- Migraines
- Seizure
- Stroke
- Orho/Rheumatologic
- Arthritis
- Gout
- Osteoporosis
- Rheumatoid Arthritis
- Rheumatology Disorder

Endocrine
- Diabetes mellitus
- Diabetes mellitus Type 1
- Diabetes mellitus Type 2
- Graves’ Disease
- Hypothyroidism
- Thyroid disorder

Psychiatric
- Alcoholism
- Bipolar Disorder
- Depression
- Drug Abuse
- Schizophrenia
- Suicide

Eye
- Cataract
- Glaucoma
- Macular degeneration
- Partial Blindness
- Retinal detachment

Respiratory
- Allergies
- Asthma
- COPD
- Pulmonary Tuberculosis
- Sleep Apnea

Other Not Listed
- □ NONE ARE APPLICABLE TO MY FAMILY
### PATIENT HEALTH HISTORY

Please complete this form to the best of your ability by checking any box that applies and including the approximate year of onset.

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Year of Onset</th>
<th>Gastrointestinal (GI)</th>
<th>Year of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder cancer</td>
<td></td>
<td>Acid Reflux/heartburn</td>
<td></td>
</tr>
<tr>
<td>Breast cancer</td>
<td></td>
<td>Cirrhosis of the liver</td>
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</tr>
<tr>
<td>Cervical cancer</td>
<td></td>
<td>Crohn's disease</td>
<td></td>
</tr>
<tr>
<td>Chemo-therapy</td>
<td></td>
<td>GI Bleeding</td>
<td></td>
</tr>
<tr>
<td>Colon cancer</td>
<td></td>
<td>Irritable bowel syndrome</td>
<td></td>
</tr>
<tr>
<td>Colon polyp</td>
<td></td>
<td>Pancreatitis</td>
<td></td>
</tr>
<tr>
<td>Leukemia</td>
<td></td>
<td>Ulcerative colitis</td>
<td></td>
</tr>
<tr>
<td>Lung cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphoma</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Ovarian cancer</td>
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<td></td>
<td></td>
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<tr>
<td>Pancreatic cancer</td>
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<tr>
<td>Prostate cancer</td>
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<td></td>
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<tr>
<td>Radiation therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin cancer: melanoma</td>
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<td></td>
<td></td>
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<tr>
<td>Skin cancer: other</td>
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<tr>
<td>Thyroid cancer</td>
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<tr>
<td>Uterine cancer</td>
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</tr>
</tbody>
</table>

| Cardiovascular                 |               | Neurologic                                    |               |
| Anemia                         |               | Alzheimer's Dementia                          |               |
| Aortic Aneurysm                |               | Dementia, not Alzheimer's                     |               |
| Atrial Fibrillation            |               | Learning Disability                           |               |
| Bleeding disorder              |               | Migraines                                     |               |
| Blood clots/DVT                |               |                                              |               |
| Carotid artery blockage        |               |                                              |               |
| Cerebral aneurysm              |               |                                              |               |
| Congestive heart failure       |               |                                              |               |
| Coronary artery disease        |               |                                              |               |
| Disorder of heart rhythm       |               |                                              |               |
| Heart valve problem-Aortic     |               |                                              |               |
| Heart valve problem-Mitral     |               |                                              |               |
| High blood pressure            |               |                                              |               |
| High cholesterol               |               |                                              |               |
| Peripheral artery disease      |               |                                              |               |
| Stroke                         |               |                                              |               |
| TIA (Mini-stroke)              |               |                                              |               |

| Endocrine                      |               | Orthopedic/Rheumatologic                     |               |
| Diabetes Type 1                |               |                                              |               |
| Graves' Disease                |               |                                              |               |
| Hyperthyroidism                |               |                                              |               |
| Hypothyroidism                 |               |                                              |               |
| Pre-diabetes/impaired fasting glucose |        |                                              |               |
| Thyroid nodule(s)              |               |                                              |               |

| Eye/Ear                        |               | Other                                         |               |
| Amblyopia                      |               |                                              |               |
| Cataract                       |               |                                              |               |
| Glaucoma                       |               |                                              |               |
| Hearing loss                   |               |                                              |               |
| Macular degeneration           |               |                                              |               |
| Strabismus                     |               |                                              |               |
| Partial Blindness              |               |                                              |               |

| Gynecology                     |               |                                              |               |
| History of abnormal pap        |               |                                              |               |

☐ I have NONE of the problems listed

VMMC Form 903441 (02-19)
**PATIENT SURGICAL HISTORY**

Please indicate to the best of your ability, any surgical procedures you have by checking any box that apply. Please include the year in which the surgery occurred.

**Difficulty with IV insertion**
- **Yes**
- **No**

**General/ Other**
- Appendectomy
- Gall Bladder surgery
- Hemorrhoids surgery
- Left Kidney Removal
- Right Kidney Removal
- Mastectomy bilateral
- Left Mastectomy
- Right Mastectomy
- Organ Transplant
- Prostate TURP
- Prostatectomy for Cancer
- Left Thyroidectomy
- Right Thyroidectomy
- Tonsillectomy
- Weight Loss Surgery

**Cardiovascular**
- Aneurysm repair
- Coronary Angioplasty/Stent
- Coronary artery bypass
- Valve Replacement - Aortic
- Valve Replacement - Mitral
- Pacemaker or Defibrillator

**Orthopedic**
- Left carpal tunnel repair
- Right carpal tunnel repair
- Left Hip Replacement
- Right Hip Replacement
- Left Knee Arthroscopy
- Right Knee Arthroscopy
- Left Knee Replacement
- Right Knee Replacement
- Left Rotator Cuff repair
- Right Rotator Cuff repair

**Eye/Ear/Nose/Throat**
- Left Cataract removal
- Right Cataract removal
- Left Cochlear implant
- Right Cochlear implant
- Sinus surgery
- Bladder "lift" or sling
- Lt Breast biopsy/cyst removal
- Rt Breast biopsy/cyst removal
- Left Breast reconstruction
- Right Breast reconstruction
- Cautery of cervix
- Cesarean Section
- Hysterectomy (cervix removed)
- Hysterectomy (cervix not removed)
- Left ovary removal
- Right ovary removal
- Tubal ligation/sterilization

**Gynecology**
- Left ovary removal
- Right ovary removal
- Tubal ligation/sterilization
- Bladder "lift" or sling
- Lt Breast biopsy/cyst removal
- Rt Breast biopsy/cyst removal
- Left Breast reconstruction
- Right Breast reconstruction
- Cautery of cervix
- Cesarean Section
- Hysterectomy (cervix removed)
- Hysterectomy (cervix not removed)
- Left ovary removal
- Right ovary removal
- Tubal ligation/sterilization

**Anesthesia (for surgery)**
- Complications or reactions

☐ I have reviewed the above and have had NONE of the surgeries listed or added.