

Give information for the last three times you have been hospitalized or had out patient surgery:

(1) Hospitalization/Surgery:

Date: _____ Place: _____

Reason: _____

(2) Hospitalization/Surgery:

Date: _____ Place: _____

Reason: _____

(3) Hospitalization/Surgery:

Date: _____ Place: _____

Reason: _____

Women only:

Do you think or are you currently pregnant? _____

Date of last menstrual period _____ Began at age _____ Occurs every _____ days

(Circle one) Regular/Irregular (Circle one) Flow: Light/Medium/Heavy/Clots

Pain? _____ Number of Pregnancies _____ Term Babies _____ Pre-Term _____

Miscarriages _____ Abortions _____ Age of oldest child _____ Youngest _____

Last pap smear (year) _____ (Circle one) Normal/Abnormal

Family History:

	Y/N	Age	List Major Illnesses
Father:	_____	_____	_____ _____
Mother:	_____	_____	_____ _____
Sibling:	_____	_____	_____ _____
Paternal Grandfather:	_____	_____	_____ _____
Paternal Grandmother:	_____	_____	_____ _____
Maternal Grandfather:	_____	_____	_____ _____
Maternal Grandmother:	_____	_____	_____ _____
Children:	_____	_____	_____ _____ _____

