

Patient Name: _____ DOB: _____ Date: _____

Surgeries

Please check the appropriate box(es) for any surgeries you have had in the past.

Gastrointestinal

- Appendectomy (removal of appendix)
- Cholecystectomy (removal of gallbladder)
- Colectomy or colon resection (removal of all or part of the colon)
- Exploratory abdominal surgery for adhesions
- Fundoplication (repair of hiatal hernia)
- Gastric bypass (weight loss surgery)
- Gastrectomy or gastric resection (removal of all or part of the stomach)
- Hemorrhoidectomy

Cardiac

- Abdominal aortic aneurysm repair
- Coronary artery bypass graft
- Femoral bypass
- Coronary artery stent placement
- Heart valve surgery
- Pacemaker placement
- Cardiac ablation for rhythm disturbance
- ICD device

Transplant

- Liver transplant
- Kidney transplant

Genitourinary

- Nephrectomy (removal of kidney)
- Prostatectomy (removal of prostate gland through the abdominal wall)
- Gold seed implant for prostate cancer

Gynecological

- Abdominal hysterectomy (removal of uterus through the abdominal wall)
- Vaginal hysterectomy (removal of uterus through the vagina)
- Oophorectomy (removal of ovaries)
- Cesarean delivery

Other

- Mastectomy (side _____)
- Thyroidectomy (removal of thyroid gland)
- Port-A-Cath placement
- None of the above

GASTROINTESTINAL PROCEDURES

Please check the appropriate box(es) for any procedures you have had in the past.

- Colonoscopy Polyps: Yes No Colon Cancer: Yes No Year: _____
- Gastroscopy Ulcers: Yes No Year: _____
- ERCP Year: _____
- None of the above