

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

## Surgeries

\*Please check any of these surgeries you have had in the past.

### Gastrointestinal

- Appendectomy
- Cholecystectomy (Gallbladder)
- Colectomy
- Colon resection
- Exploratory surgery for adhesions
- Fundoplication
- Gastric bypass
- Gastric resection
- Hemorrhoidectomy
- Inguinal hernia repair
- Splenectomy
- Ventral hernia repair
- Whipple

### Cardiac

- Abdominal aortic aneurysm repair
- Coronary artery bypass graft
- Femoral bypass
- Heart stent placed
- Heart valve surgery

### Genitourinary

- TURP
- Inguinal hernia repair
- Cystectomy with ileal conduit
- Nephrectomy
- Prostatectomy
- Radiation for prostate cancer

### Gynecological

- Hysterectomy
- Hysterectomy, abdominal
- Hysterectomy, vaginal
- Oophorectomy
- Cesarean delivery
- Breast biopsy

### Other

- Breast augmentation
- Breast reduction, both
- Cataract surgery
- Glaucoma surgery
- Laser surgery
- Mastectomy
- Prostate surgery
- Skin lesion, local excision
- Thyroidectomy
- Urinary surgery

### Previous Endoscopic Procedures

- Colon \_\_\_\_\_ findings \_\_\_\_ year

- EGD \_\_\_\_\_ findings \_\_\_\_ year

- Other \_\_\_\_\_ findings \_\_\_\_ year

- NONE OF THE ABOVE**