

PERSONAL HISTORY

Are you HIV positive? Y N

Are you currently using recreational drugs? If yes, what? Y N _____

Do you consume alcohol? Y N If yes, how much? _____

Have you had any bleeding or clotting problems? Y N

Have you had any anesthesia problems? Y N

Are you employed or in school? Y N If yes, where? _____

Occupation? _____

Do you currently smoke cigarettes or cigars? Y N

How many per day? _____

How many years have you smoked? _____

If you used to smoke, when did you quit? _____

FAMILY HISTORY

Please list any health problems in your blood relatives:

Alive? Age or Age at Death Significant Health Problems

Father Y N _____

Mother Y N _____

Sisters Y N _____

Brothers Y N _____

Children Y N _____

Do you know of any blood relative who has had:

(Please give relationship)

Bleeding tendency _____

Diabetes _____

Heart Attack _____

Colon Cancer _____

Reaction to Anesthesia _____

Breast Cancer _____

ADDITIONAL NOTES: _____
