

SURGICAL HISTORY

MO/YR	Procedure	Surgeon

PAST MEDICAL

Hospitalizations other than surgery:

Date of your most recent flu shot: _____ (MO/YR)

If you are 65 y/o or older, have you ever had a Pneumococcal vaccine? _____ Date: _____ (YEAR)

If you are 51 y/o or older, have you had a colonoscopy? _____ Date: _____ (MO/YR)

If you are a female between the ages of 42 and 69, date of your last mammogram? _____ (MO/YR)

If you are a female between the ages of 24 and 62, date of your last PAP smear/pelvic exam? _____ (MO/YR)