



Neurosurgical Associates, P.C.

Specializing in Spine & Cranial Surgery

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PAST MEDICAL HISTORY

Please check those that apply:

- Diabetes
- Allergies (please list) _____
- Surgeries (please list with approximate date and name of surgeon) _____

- Current Medications (please list) _____

High Blood Pressure

Blood thinning medications (please list) _____

SOCIAL HISTORY

- Single
- Married
- Widowed
- Divorced

Occupation: _____

- Smoker
- Non-Smoker

Number of Children _____

REVIEW OF SYSTEMS

(The doctor will review this with you)

Heart Disease Yes No

Lung Disease Yes No

Liver Yes No

Kidney Yes No

Musculoskeletal Yes No

Gynecological Yes No

Genitourinary Yes No

If applicable, please give date of last menstrual period _____