

Surgical History

- | | | |
|-----------------------|---------------------------|--------------------------|
| none | <input type="radio"/> Yes | <input type="radio"/> No |
| heart catheterization | <input type="radio"/> Yes | <input type="radio"/> No |
| heart stent | <input type="radio"/> Yes | <input type="radio"/> No |
| pacemaker, cardiac | <input type="radio"/> Yes | <input type="radio"/> No |
| colonoscopy | <input type="radio"/> Yes | <input type="radio"/> No |
| appendectomy | <input type="radio"/> Yes | <input type="radio"/> No |
| gallbladder | <input type="radio"/> Yes | <input type="radio"/> No |
| bowel resection | <input type="radio"/> Yes | <input type="radio"/> No |

Women Only

- | | | |
|------------------------------|---------------------------|--------------------------|
| breast surgery | <input type="radio"/> Yes | <input type="radio"/> No |
| C-section | <input type="radio"/> Yes | <input type="radio"/> No |
| tubal ligation | <input type="radio"/> Yes | <input type="radio"/> No |
| partial hysterectomy | <input type="radio"/> Yes | <input type="radio"/> No |
| total abdominal hysterectomy | <input type="radio"/> Yes | <input type="radio"/> No |

Past Medical History

- | | | |
|---------------------|---------------------------|--------------------------|
| high blood pressure | <input type="radio"/> Yes | <input type="radio"/> No |
| heart disease | <input type="radio"/> Yes | <input type="radio"/> No |
| atrial fibrillation | <input type="radio"/> Yes | <input type="radio"/> No |
| diabetes | <input type="radio"/> Yes | <input type="radio"/> No |
| stroke | <input type="radio"/> Yes | <input type="radio"/> No |
| lung disease | <input type="radio"/> Yes | <input type="radio"/> No |
| cancer | <input type="radio"/> Yes | <input type="radio"/> No |