Surgical History

Please answer the following questions regarding surgeries you have previously undergone:

1) Please indicate which of the following procedures you have undergone, and what year you underwent them:

Procedure Name	Year	Procedure Name	Year
☐ Cesarean Section	_______	☐ Knee Replacement	_______
☐ Cholecystectomy	_______	☐ Liver Biopsy	_______
☐ Colectomy	_______	☐ Mastectomy	_______
☐ Gastric Bypass	_______	☐ Nephrectomy	_______
☐ Gender Reassignment	_______	☐ Organ Transplant	_______
☐ Hemorrhoidectomy	_______	☐ ORIF	_______
☐ Hernia Repair	_______	☐ Radiation Therapy	_______
☐ Hip Replacement	_______	☐ Thyroidectomy	_______
☐ Hysterectomy	_______	☐ Tonsillectomy	_______
☐ Valve Replacement	_______	☐ Other__________	_______