Piedmont Neurosurgery and Spine

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Which level best represents your highest level of education:

___High school (last grade completed_____)
___High school graduate
___GED
___College up to 2-year degree
___College 2-4 year degree
___Postgraduate

Is your father still alive? ___yes ___no If not, what was age at time of death? _____
Cause of death? _____
Is your mother still alive? ___yes ___no If not, what was age at time of death? _____
Cause of death? _____
Circle any conditions that your close relatives have had:
Stroke MI (heart attack) Diabetes Cancer Kidney failure
Kidney stones Brain tumor Hypertension Deafness Blindness High cholesterol

Review of systems:

Do you have false teeth?	___yes	____no
Do you wear glasses?	___yes	____no
Do you often feel like the room is spinning?	___yes	____no
Do you have dizzy spells?	___yes	____no
Do you have problems swallowing?	___yes	____no
Do you have frequent heartburn or indigestion?	___yes	____no
Do you have a hiatal hernia?	___yes	____no
Do you ever vomit blood?	___yes	____no
Are your stools often dark black?	___yes	____no
Are you stools often bright red with blood?	___yes	____no
Do you cough frequently?	___yes	____no
Do you have "blackout" spells?	___yes	____no
Do you easily get short of breath?	___yes	____no
Do you have night sweats?	___yes	____no
Have you had jaundice or other liver problems?	___yes	____no
Have you received blood, platelets, or plasma?	___yes	____no
Do you bleed easily, have a family history of Hemophilia?	___yes	____no
Has your weight changed more than 10lbs in the Last year?	___yes	____no
MEN: Have you ever had prostate problems?	___yes	____no
WOMEN: Are you pregnant?	___yes	____no
Date of last menses ___/___/___		
Have you ever had a mammogram?	___yes	____no
Date of last mammogram ___/___/___		
Normal? ____yes ____no		