

**Additional past medical history that was not mentioned on the previous page:**

**Surgical History:**

- |  |  |
|--|--|
| <input type="checkbox"/> Ankle surgery       | <input type="checkbox"/> Hammertoe Surgery       |
| <input type="checkbox"/> Appendectomy        | <input type="checkbox"/> Hip Replacement         |
| <input type="checkbox"/> Bariaric Surgery    | <input type="checkbox"/> Hysterectomy            |
| <input type="checkbox"/> Bunion Surgery      | <input type="checkbox"/> Knee replacement        |
| <input type="checkbox"/> Cataract Removal    | <input type="checkbox"/> Open Heart Surgery      |
| <input type="checkbox"/> Colon Surgery       | <input type="checkbox"/> Organ transplant        |
| <input type="checkbox"/> Foot Surgery        | <input type="checkbox"/> Pacemaker/Defibrillator |
| <input type="checkbox"/> Fracture repair     | <input type="checkbox"/> Tonsillectomy           |
| <input type="checkbox"/> Gallbladder surgery | <input type="checkbox"/> Vein Surgery            |

**Additional surgical history that was not mentioned above:**