Patient Name

Surgical History

Please review this form to ensure that your health information is accurate. You will be able to discuss any questions or concerns that you have with your provider during your appointment.

Surgical History

Check all surgeries that apply.

- ☐ Adenoid Surgery
- ☐ Appendectomy
- ☐ Cardiac Surgery
- ☐ Circumcision
- ☐ Cleft Palate/Lip Repair
- ☐ Frenulectomy
- ☐ Gastric Surgery
- ☐ Gastrostomy Tube Placement
- ☐ Hernia Repair
- ☐ Hydrocele Repair
- ☐ Hypospadias Repair
- ☐ Myringotomy Tube Placement
- ☐ Neurosurgery
- ☐ Nissen Fundoplication
- ☐ Orthopaedic Surgery
- ☐ Other
- ☐ PE Tubes
- ☐ Pyloric Stenosis Repair
- ☐ Strabismus Surgery
- ☐ Tonsillectomy
- ☐ Tracheostomy
- ☐ VP Shunt Placement