

## Personal History

### Medical history (before admission)

Heart disease	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment: _____
Hypertension	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment: _____
Lung disease	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment: _____
Diabetes I or II	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment: _____
Liver disease	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment: _____
Pancreatic disease	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment: _____
Kidney disease	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment: _____
Kidney stones	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment: _____
Infectious disease	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment: _____
Cancer	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment: _____
Malignant melanoma	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment: _____
Acute neurological changes	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment: _____
Operations	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment: _____
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Medication	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment: _____
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Allergy	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment: _____
Other:	_____	

### Personal habits and social risks

Smoker	<input type="checkbox"/> actual	<input type="checkbox"/> former smoker	<input type="checkbox"/> lifelong nonsmoker
Packyears:	_____		
Alcohol	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment:	_____
Drug user	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment:	_____
Tattoos & Piercings	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment:	_____
Travel to high risk countries	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment:	_____
Multiple partners	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment:	_____
Prison	<input type="checkbox"/> yes <input type="checkbox"/> no	Comment:	_____
Comments:	_____		