Lee Bottem, DO PLC

Orbital and Oculoplastic Surgeon

Name: ________________________________ Date: _____________

HAVE YOU *HAD* OR *CURRENTLY HAVE* ANY OF THE FOLLOWING:

YES	NO	
☐	☐	Colon cancer
☐	☐	Colonoscopy
☐	☐	Diabetes (non-insulin)
☐	☐	Diabetes (insulin)
☐	☐	High blood pressure
☐	☐	Ever had a pneumonia vaccine
☐	☐	Had a flu shot this season?
☐	☐	Declined to take the flu shot this season?
☐	☐	Glaucoma
☐	☐	Mastectomy **(FEMALES answer only)**
☐	☐	Hysterectomy **(FEMALES answer only)**

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