

## QUESTIONNAIRE

AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ PHONE \_\_\_\_\_  
(DAYTIME PHONE NUMBER)

YES NO

List of Drug Allergies:	Reaction:

Are you an organ donor? \_\_\_\_\_

Continued on back 

[illegible]

**LIST OF ALL MEDICATIONS INCLUDING OVER-THE-COUNTER, HERBAL AND VITAMINS**

**Cape Surgery Center, LLC**