



## HEALTH QUESTIONNAIRE

The purpose of this Health Questionnaire is to help us evaluate your surgical risk.

Thank you for answering the following questions. Please circle the most appropriate responses.

The surgical risk estimates are made according to your responses in the absence of clinical and laboratory examination to be performed by a qualified medical professional.

### **Personal Data**

Title            Dr. Mr. Mrs. Ms.

Name            \_\_\_\_\_

Last name      \_\_\_\_\_

Address        \_\_\_\_\_

Phone          \_\_\_\_\_

Email            \_\_\_\_\_

Date Of Birth    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender          Male Female

Choose Units   Inches/Pounds or Cm./Kg.

Height

Weight

Please circle all conditions, diseases and treatments listed below for which you have been diagnosed, treated or counseled in the past 10 years.

**1** Do you smoke more than 10 cigarettes/day?

Yes

No

**2** Have you ever been treated for Diabetes?

No

Non insulin dependent

Insulin dependent

**3** Please grade your Obesity

None

Mild

Moderate

Severe

**4** Do you have Pacemaker implant surgically placed?

Yes

No

**5** Have you ever been treated for Angina Pectoris?

No

Well controlled with medication

Recurrent

**6** Have you ever been treated for Myocardial Infarction?

No

0-6 month ago

+ 6 month ago

**7** Have you ever been treated for Cerebrovascular Accident?

No

0-6 month ago

+ 6 month ago

**8** Have you ever been treated for Congestive heart failure?

- No
- 0-6 month ago
- + 6 month ago

**9** Hypertension Systolic, Select which works best in your case

- I have Diastolic Hypertension
- 140-159
- 160-179
- ≥180

**10** Hypertension Diastolic, Select which works best in your case

- I have Systolic Hypertension
- 0-99
- 100-109
- ≥110

**11** Chronic Obstructive Pulmonary Disease

- No
- Mild
- Moderate
- Severe

**12** Asthma

- No
- Mild
- Moderate
- Severe

**13** Do you get shortness of breath after climbing one flight of stairs?

- Yes
- No

**14** Anemia (0-6 months)

- No
- Mild
- Moderate
- Severe

**15 Bone Marrow Transplant**

- No
- 0-12 month ago
- + 12 month ago

**16 Any organ transplant**

- No
- 0-12 month ago    specify \_\_\_\_\_
- + 12 month ago    specify \_\_\_\_\_

**17 Cirrhosis of the Liver**

- No
- Controlled with medication
- Uncontrolled or active

**18 Crohn's Disease**

- No
- Controlled with medication
- Uncontrolled or active

**19 Ulcerative Colitis**

- No
- Controlled with medication
- Uncontrolled or active

**20 Hepatitis B or C**

- No
- Controlled with medication
- Uncontrolled or active

**21 Are you interested in cervical spine surgery or lumbar artificial disc replacement or scoliosis surgery?**

- YES
- Interested in OTHER Spine Approaches
- Not interested in Spine Surgery

**22 Chronic Pancreatitis**

- No
- Controlled with medication
- Uncontrolled or active

**23 Multiple Sclerosis**

No

Controlled with medication

Uncontrolled or active

**24 Epilepsy**

No

Controlled with medication

Uncontrolled or active

**25 AIDS / HIV + Infection**

No

Controlled with medication

Uncontrolled or active

**26 Systemic Lupus Erythematosus**

No

Controlled with medication

Uncontrolled or active

**27 Retinopathy**

Yes

No

**28 Glaucoma / Cataracts**

Yes

No

**29 Bipolar Disorder / Manic Depressive**

No

Controlled with medication

Uncontrolled or active

**30 Anxiety / Depression**

No

Controlled with medication

Uncontrolled or active

**31 Are you interested in a Neurosurgical Procedure?**

Yes

No

**32 Alcoholism**

- No
- Controlled with medication
- Uncontrolled or active

**33 Are you interested in a Hip or Knee Surgery Procedure?**

- Yes
- No

**34 Hemophilia**

- Yes
- No

**35 Drug Abuse**

- No
- Controlled with medication
- Uncontrolled or active

**36 Cancer**

- No
- More than 5 years ago
- < 1yr since diagnostic
- Current Chemotherapy / Radiation Therapy

**37 Do you have Cardiac Stent implant surgically placed?**

- Yes
- No

**38 Do you have CSF shunt implant surgically placed?**

- Yes
- No

**39 Do you have ICD (implantable cardiac defibrillator) implant surgically placed?**

- Yes
- No

**40 Renal Disease**

- None
- Controlled with medication
- Uncontrolled or active

## Need Dialysis

Please note that in compliance with the Organic Law of Protection of Personal Data, Healthcare Providers S.L. with registered offices at c/Independencia 384-386, entlo D6.E-08041 Barcelona (Spain), your personal data you provided as contact details, among which include your name, surname, national identity card or passport, address, phone, e-mail address, will be saved in a file owned by Healthcare Providers S.L. in order to enable the management of the databases of its clients and to manage their stays in hotels, clinics or hospitals.

By accepting this clause, you consent expressly and unequivocally to the processing of your data, including sharing it with other public or private entities who request your data in order to meet the contractual relationship they have entered into with you.

Your data will also be transferred to the Security Forces of the State under Article 45.1 of the Schengen Convention ratified by Spain on July 23, 1993.

We inform you that your personal data may also be used to provide you with information on offers, promotions and new services offered by the company. Please inform us in writing at [info@europehealthcareproviders.com](mailto:info@europehealthcareproviders.com) if you do not wish to receive future offers and/or promotions for new services offered by the company.

In the event of any change in your details, please notify us in writing in order to keep your records updated.

Please note that at any time you can exercise your rights of access, rectification, cancellation and opposition by sending an email to [info@healthcareproviders.com](mailto:info@healthcareproviders.com) or by writing to the following address: c/Independencia 384-386, entlo D6.E-08041 Barcelona (Spain), indicating as reference: "Data Protection".

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Print Name

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Signature

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