

NORTH CAROLINA SURGERY

Patient Name: _____

Date of Birth: _____

ENDOCRINE QUESTIONNAIRE

1. Do you have any blood relatives with the following...
 - A. Past history of neck surgery? _____
 - B. History of Kidney Stones? _____
 - C. Diagnosed with brain tumors? _____
 - D. Diagnosed with stomach ulcers? _____
 - E. History of high calcium levels? _____
 - F. History of pancreatic tumors? _____
2. Do you sing professionally? _____
3. Do you have any personal history of head and/or neck radiation? _____
If yes, when and for what reason _____
4. Have you had previous neck surgery, including spinal fusions? _____
5. If yes, when and what location of the spine? _____