

**SOUTH CHARLOTTE GENERAL & VASCULAR SURGERY, PLLC.**  
10512 Park Rd. Suite 111, Charlotte, North Carolina, 28210 Phone: 704-910-8380 Fax: 704-817-9980  
**New Patient Questionnaire**

**Family Medical History**

**List any medical problems that you know of that may be affecting any of your family members please**

Medical Problem

Family Members Affected

---

---

---

---

**PLEASE CIRCLE ONE**

1. Mothers name: \_\_\_\_\_

Is your mother still living?            YES            NO

If no could you please give us a brief explanation of why she is now deceased and at what age in her life did it happen?

---

---

2. Fathers name: \_\_\_\_\_

Is your father still living?            YES            NO

If no could you please give us a brief explanation of why he is now deceased and at what age in his life did it happen?

---

---

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date