

**Paula M. Muto, M.D.**

General and Vascular Surgery

100 Amesbury Street, Lawrence, Massachusetts  
198 Mass Avenue, North Andover, Massachusetts  
Phone: 978.685.5474 Fax: 978.689.0493

**Medical History:**

**Past medical history or any condition for which you are being treated:**

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**Do you have a history of or have you ever been diagnosed with the following:**

**Diabetes? \_\_\_\_\_ Heart Disease? \_\_\_\_\_ High Blood Pressure? \_\_\_\_\_**

**Past surgical history or any previous surgeries:**

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**Current medications (include dose):**

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**Are you allergic to any medications? (Please include reaction.)**

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**Family History (cancer, heart disease, stroke, diabetes, varicose veins)**

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**Do you or have you ever smoked, if yes, how much and how long?**

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**Do you consume alcohol, if so, how often?**

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