



CLINICAL HISTORY

ENSURE THE FOLLOWING DOCUMENTS ARE RETURNED WITH THE SPECIMEN

- 1. Test Requisition Form
- 2. Clinical History

This information will help your results be more accurate by better understanding you within the broader population.

PATIENT NAME

DATE OF BIRTH

MM/DD/YYYY

1. Have you had at least 12 alcohol drinks within the past year?

YES NO NOT SURE

2. Have you smoked at least 100 cigarettes in your lifetime?

YES NO NOT SURE

3. Has a doctor ever told you that you have high blood pressure?

YES NO NOT SURE

4. Are you taking a prescription for hypertension?

YES NO NOT SURE

5. Has a doctor ever told you that you have a high cholesterol level?

YES NO NOT SURE

6. Has a doctor ever told you to take a prescription for cholesterol?

YES NO NOT SURE

7. Has a doctor ever told you that you have diabetes?

YES NO NOT SURE

8. Has a doctor ever told you that you have weak/failing kidneys?

YES NO NOT SURE

9. Has a doctor ever told you that you have had a heart attack?

YES NO NOT SURE

10. Has a doctor ever told you that you have had a stroke?

YES NO NOT SURE

11. Has a doctor ever told you that you have a liver condition?

YES NO NOT SURE

12. Has a doctor ever told you that you have cancer or malignancy?

YES NO NOT SURE

13. If so, what kind of cancer?