MEDICAL HISTORY

Alzheimer's Disease Yes No Diabetes Yes No Drug Addiction Yes No Anaphylaxis Yes No Drug Addiction Yes No Drug Addiction Yes No Angenia Yes No Easily Winded Yes No Emphysema Yes No Epilepsy or Seizures Yes No High Blood Pressure Yes No High Cholesterol Yes No Artificial Heart Valve Yes No Excessive Bleeding Yes No Excessive Bleeding Yes No Asthma Yes No Frequent Cough Yes No Frequent Cough Yes No Greathing Problem Yes No Galaucoma Yes No Galaucoma Yes No Chest Pains Yes No Congenital Heart Disorder Yes No Heart Murmur Yes No Congenital Heart Disorder Yes No Heart Murmur Yes No Congenital Heart Disorder Yes No Heart Pacemaker Yes No Repail Loss Yes No Presumble Oispease Yes No Drug Addiction Yes No Presumble Oispease Yes No Drug Addiction Yes No Heart Murmur Yes No Parething Problems Yes No Congenital Heart Disorder Yes No Heart Pacemaker Yes No Parething Problems Yes No Parething Disorder Yes No Heart Pacemaker Yes No Parething Problems Yes No Parething Disorder Yes No Parething Disorder Yes No Parething Disorder Yes No Heart Pacemaker Yes No Parething Disorder Yes No Parething Disorder Yes No Parething Disorder Yes No Heart Pacemaker Yes No Parething Disorder Yes No Heart Pacemaker Yes No Parething Disorder Yes No Paret	PATIENT NAME		Birth Date		
ave you er been hospitalized or had a major operation? 'Ves No If yes, please explain:	have, or medication that you may be				
Do you use controlled substances? Yes No Women: Are you Pregnant/Tying to get pregnant? Yes No Taking oral contraceptives? Yes No Nursing? Yes No Are you allergic to any of the following? Asptirn	ave you ever been hospitalized or had Have you ever had a serious he Are you taking any medicatic Do you take, or have you taken, Ph Have you ever taken Fosamax, Bor other medications containing Are you	a major operation? Yes No ead or neck injury? Yes No ons, pills, or drugs? Yes No onen-Fen or Redux? Yes No oniva, Actonel or any yes No on a special diet? Yes No on a special diet?	o If yes, please explain: o If yes, please explain: o If yes, please explain:		
Aspirin Penicillin Codeine Local Anesthetics Acrylic Metal Latex Sulfa drugs Other If yes, please explain: Do you have, or have you had, any of the following? AlbSHINP Positive Yes No Dabetes Yes No Hapatitis A Yes No Hapatitis A Yes No Hapatitis A Yes No Hapatitis B or C Yes No Local B or Parathy or Hapatitis B or C Yes No Local B or Parathy or Parath	Do you use cont	rolled substances? Yes No	0	Nursing? O Yes No	
Do you have, or have you had, any of the following? AlDS/HIV Positive	Aspirin Penicillin		etics Acrylic [Metal Latex	Sulfa drugs
To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be	AIDS/HIV Positive Yes No Alzheimer's Disease Yes No Anaphylaxis Yes No Anemia Yes No Angina Yes No Arthritis/Gout Yes No Artificial Heart Valve Yes No Asthma Yes No Blood Disease Yes No Breathing Problem Yes No Breathing Problem Yes No Conyulsions Yes No Conyu	Cortisone Medicine Yes Diabetes Yes Drug Addiction Yes Easily Winded Yes Emphysema Yes Epilepsy or Seizures Yes Excessive Bleeding Yes Excessive Thirst Yes Fainting Spells/Dizziness Yes Frequent Cough Yes Frequent Diarrhea Yes Genital Herpes Yes Glaucoma Yes Heart Attack/Failure Yes Heart Murmur Yes Heart Pacemaker Yes Heart Trouble/Disease	No Hepatitis A Ye No Hepatitis B or C Ye No Herpes Ye No High Blood Pressure Ye No High Cholesterol Ye No Hives or Rash Ye No Hypoglycemia Ye No Kidney Problems Ye: No Leukemia Ye: No Low Blood Pressure Ye: No Low Blood Pressure Ye: No Mitral Valve Prolapse Ye: No Osteoporosis Ye: No Pain in Jaw Joints Ye: No Parathyroid Disease Ye: No Parathyroid Disease Ye: No Psychiatric Care Ye:	Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Swo Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease	Yes No
dangerous to my (or patients) health. It is my responsibility to milent the defical ended of any changes in medical status.	To the best of my knowledge, the que			-	mation can be