

MEDICAL HISTORY

CIRCLE ANY OF THE FOLLOWING WHICH YOU HAVE HAD OR HAVE AT THE PRESENT TIME:

CHEST PAIN
HEART FAILURE/ HEART ATTACK
HIGH BLOOD PRESSURE
ANGINA PECTORALIS
HEART MURMUR
RHEUMATIC FEVER
CONGENITAL HEART LESIONS
MITRAL VALVE PROLAPSE
SCARLET FEVER
ARTIFICIAL JOINT REPLACEMENT
ANEMIA
BRUISE EASILY
STROKE
KIDNEY TROUBLE
ACID REFLUX
ULCERS
TUMORS
CANCER/CHEMOTHERAPY/RADIATION TREATMENT
RESPIRATORY PROBLEMS
ASTHMA
HAYFEVER
SINUS TROUBLE
ALLERGY OR HIVES
DIABETES
EXCESSIVE URINATION
THYROID PROBLEMS
IV DRUG INFUSIONS
ARTHRITIS
RHEUMATOID ARTHRITIS
OSTEOPOROSIS/OSTEOPENIA
CORTISONE MEDICINE
PAIN IN JAW JOINT
AIDS OR HIV INFECTION
DIET DISORDERS
LOST WEIGHT UNINTENTIONALLY
FEMALES-ARE YOU PREGNANT; PRESENTLY TRYING
DO YOU TAKE ORAL CONTRACEPTIVES?

SPOTS ON SKIN
SWOLLEN ANKLES
HEPATITIS A, B, C, D
LIVER DISEASE
YELLOW JAUNDICE
BLOOD TRANSFUSION
DRUG DEPENDENCY
ABNORMAL BLEEDING
SEXUALLY TRANSMITTED DISEASE/HPV
COLD SORES OR ULCERS IN MOUTH
EPILEPSY OR SEIZURES
FAINTING OR DIZZY SPELLS
NERVOUSNESS
PSYCHIATRIC TREATMENT
DEPRESSION
SHORTNESS OF BREATH
HOSPITALIZATION
HEARING PROBLEM
EYE TROUBLE / DETACHED RETINA / GLAUCOMA
OFTEN EXHAUSTED AND FATIGUED
SUBJECT TO FREQUENT HEADACHES OR MIGRAINES
TOBACCO USER
CONSUMING ALCOHOL (FREQUENT OCCASIONAL)
RECREATIONAL DRUG USE
ANY REACTION TO:

| | |
|----------------------|----------------|
| ASPIRIN | ACETAMINOPHEN |
| PENICILLIN | IBUPROFEN |
| ERYTHROMYCIN | HALCION |
| TETRACYCLINE | SEDATIVES |
| CODEINE | IODINE |
| SULFA DRUGS | EPINEPHRINE |
| DENTAL ANESTHETIC | FOOD (SPECIFY) |
| LATEX | |
| ANY OTHER MEDICATION | |

OTHER PHYSICAL CONDITIONS:

LIST ALL MEDICATIONS (PRESCRIBED, OVER THE COUNTER & HERBAL):

MEDICAL DOCTOR _____ DATE OF LAST EXAM _____

DATE MEDICAL HISTORY REVIEWED AND PATIENT'S INITIALS

_____/_____/_____/_____/_____/_____/_____/_____/

TO THE BEST OF MY KNOWLEDGE, ALL OF THE PRECEDING ANSWERS ARE TRUE AND CORRECT. IF I EVER HAVE A CHANGE IN MY HEALTH HISTORY, OR IF MY MEDICINES CHANGE, I WILL INFORM THE DOCTOR AT THE NEXT APPOINTMENT WITHOUT FAIL.

SIGNATURE _____

DATE _____