

Please check all of the following that pertain to you:

- Y N Acid Reflux disease
- Y N Angina
- Y N Artificial heart valves/stints
- Y N Artificial joints
- Y N Arthritis
- Y N Asthma
- Y N Back problems
- Y N Bleeding abnormally, with extractions/surgery
- Y N Blood disease
- Y N Chemotherapy
- Y N Chest pains
- Y N Cough, persistent or bloody
- Y N Cold sores
- Y N Congenital heart lesions
- Y N Depression
- Y N Diabetes – Type _____
- Y N Drug/chemical dependency
- Y N Emphysema
- Y N Epilepsy or seizures
- Y N Fainting or dizziness
- Y N GERD
- Y N Gout
- Y N Heart attack
- Y N Heart murmur
- Y N Heart problems
- Y N Hepatitis -- Type ____ Treatment _____
- Y N Herpes
- Y N High Cholesterol
- Y N High or low blood pressure

- Y N HIV/AIDS
- Y N Joint replacement
- Y N Kidney disease
- Y N Leukemia
- Y N Liver disease
- Y N Migraines
- Y N Mitral Valve Prolapse
- Y N Nervous problems
- Y N Osteoporosis
- Y N Pacemaker
- Y N Psychiatric treatment
- Y N Radiation therapy
- Y N Respiratory disease
- Y N Rheumatic Fever
- Y N Scarlet Fever
- Y N Shortness of breath
- Y N Sinus trouble
- Y N Stroke
- Y N Swollen neck glands
- Y N Thyroid disease
- Y N Tonsillitis
- Y N Tuberculosis
- Y N Tumor or growth
- Y N Venereal disease

WOMEN:

- Y N Nursing
- Y N Birth control pills
- Y N Pregnant Due date: _____
- Y N Could be pregnant

MEDICATIONS

List medication(s) you are currently taking, including non-prescription or over-the-counter and dosages.

ALLERGIES

- Aspirin
- Barbiturates (sleeping pills)
- Codeine
- Iodine
- Latex
- Food _____
- Other _____
- Local Anesthetic
- Metal
- Penicillin
- Sedatives
- Sulfa drugs

UPDATES: (Office use)

Date: _____

What condition: _____

New medications: _____

Provider signature: _____

Patient signature: _____

Date: _____

What condition: _____

New medications: _____

Provider signature: _____

Patient signature: _____

Date: _____

What condition: _____

New medications: _____

Provider signature: _____

Patient signature: _____

Date: _____

What condition: _____

New medications: _____

Provider signature: _____

Patient signature: _____