Health Histo					With Miles and Control of the Contro
Physician's Name				Date of last visit	
Have you ever taken any of the names of phentermine), Pondi				combinations of Ionimin, Adipex, F	astin (brand
Place a mark on "yes" or "no"	to indicate if you ha	ve had any of the followin	g:		
AIDS/HIV	☐ Yes ☐ No	Epilepsy	☐ Yes ☐ No	Respiratory Disease	☐ Yes ☐ No
Anemia	☐ Yes ☐ No	Fainting or dizziness	☐ Yes ☐ No	Rheumatic Fever	☐ Yes ☐ No
Arthritis, Rheumatism	☐ Yes ☐ No	Glaucoma	☐ Yes ☐ No	Scarlet Fever	☐ Yes ☐ No
Artificial Heart Valves	☐ Yes ☐ No	Headaches	☐ Yes ☐ No	Shortness of Breath	☐ Yes ☐ No
Artificial Joints	☐ Yes ☐ No	Heart Murmur	☐ Yes ☐ No	Sinus Trouble	☐ Yes ☐ No
Asthma	☐ Yes ☐ No	Heart Problems	☐ Yes ☐ No	Skin Rash	☐ Yes ☐ No
Back Problems	☐ Yes ☐ No	Hepatitis Type	Yes No	Special Diet	☐ Yes ☐ No
Bleeding abnormally, with		Herpes	☐ Yes ☐ No	Stroke	☐ Yes ☐ N
extractions or surgery	☐ Yes ☐ No	High Blood Pressure	☐ Yes ☐ No	Swollen Feet or Ankles	☐ Yes ☐ N
Blood Disease	☐ Yes ☐ No	Jaundice	☐ Yes ☐ No	Swollen Neck Glands	☐ Yes ☐ N
Cancer	☐ Yes ☐ No	Jaw Pain	☐ Yes ☐ No	Thyroid Problems	☐ Yes ☐ N
Chemical Dependency	☐ Yes ☐ No	Kidney Disease	☐ Yes ☐ No	Tonsillitis	☐ Yes ☐ N
Chemotherapy	☐ Yes ☐ No	Liver Disease	☐ Yes ☐ No	Tuberculosis	☐ Yes ☐ N
Circulatory Problems	☐ Yes ☐ No	Low Blood Pressure	☐ Yes ☐ No	Tumor or growth on head	
Congenital Heart Lesions	☐ Yes ☐ No	Mitral Valve Prolapse	☐ Yes ☐ No	or neck Ulcer	☐ Yes ☐ N
Cortisone Treatments	☐ Yes ☐ No	Nervous Problems	☐ Yes ☐ No		☐ Yes ☐ N
Cough, persistent or bloody	☐ Yes ☐ No	Pacemaker	☐ Yes ☐ No	Venereal Disease	☐ Yes ☐ N
Diabetes	☐ Yes ☐ No	Psychiatric Care	☐ Yes ☐ No	Weight Loss, unexplained	☐ Yes ☐ N
Emphysema	☐ Yes ☐ No	Radiation Treatment	☐ Yes ☐ No		
	Yes No		and the		
	edications			Allergies	
List any medications you are d	edications	the correlating	☐ Aspirin	Allergies	etic
List any medications you are d	edications	the correlating	☐ Aspirin ☐ Barbiturates (Sleep	☐ Local Anesthe	etic
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	edications	the correlating	☐ Barbiturates (Sleep	☐ Local Anesthe	etic
List any medications you are of diagnosis:	edications currently taking and		☐ Barbiturates (Sleep☐ Codeine	☐ Local Anesthe	etic
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