

# Medical History

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Birthdate: 01/01/0001

Please type in your answers below

Are you currently under the care of a Physician? \_\_\_\_\_

Name of Medical Doctor: \_\_\_\_\_

Date of last physical exam? \_\_\_\_\_

Are you in pain?

Have you ever been hospitalized or had a major operation? \_\_\_\_\_

Do you take or have you taken: Phen-Fen, Redux, Fosamax, Boniva, Actonel or any medications containing Bisphosphonates?

Women: Are you..... Pregnant/Trying to get pregnant?

Nursing?

Taking Oral Contraceptives

Person to contact in case of emergency!

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List all medications that you are now taking: Prescribed, Over the Counter, Herbal Supplements and Vitamins

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Are you allergic to any of the following?

Local Anesthetic

Iodine

Penicillin

Other Allergy

Aspirin

Latex (rubber)

Sulfa Drugs

Codeine

Metals

Other Antibiotics

Ibuprofen

Nut Allergy

Seasonal Allergies

Have you traveled out of the country in the last 30 days?

YES Where? \_\_\_\_\_

Do you have, have you had or are you taking medications for any of the following medical conditions?

AIDS/HIV Positive

Diabetes

Herpes

Rheumatism

Alzheimer's Disease

Drug Addiction

High Blood Pressure

Scarlet Fever

Anaphylaxis

Easily Winded

High Cholesterol

Shingles

Anemia

Emphysema

Hives or Rash

Sickle Cell Disease

Angina

Epilepsy/Seizures

Hypoglycemia

Celiac Disease

Arthritis/Gout

Excessive Thirst

Irregular Heartbeat

Sinus Trouble

Artificial Heart Valve

Fainting Spells/Dizziness

Kidney Disease

Spina Bifida

Artificial Joints

Frequent Cough

Leukemia

Stomach/Intestinal Disease

Asthma

Frequent Diarrhea

Liver Disease

Stroke

Autism

Frequent Headaches

Low Blood Pressure

Swelling of Limbs

Bleeding Problems

Genital Herpes

Lung Disease

Thyroid Disease

Breathing Problems

Glaucoma

Mitral Valve Prolapse

Tonsillitis

Bruise Easily

Hay Fever

Osteoporosis

Tuberculosis

Cancer

Heart Attack/Failure

Pain in Jaw Joints

Tumors or Growths

Chemotherapy

Heart Murmur

Parathyroid Disease

Ulcers

Chest Pains

Heart Pacemaker

Psychiatric Treatment

Venereal Disease

Cold Sores/Fever Blisters

Heart Trouble/Disease

Radiation Treatments

Yellow Jaundice

Congenital Heart Disease

Hemophilia

Recent Weight Loss

Other Medical Conditions

Convulsions

Hepatitis A

Renal Dialysis

Cortisone Medications

Hepatitis B or C

Rheumatic Fever

Tobacco use? If so, what kind and how much?  Yes \_\_\_\_\_

Do you use controlled substances? If so what kind and how much? \_\_\_\_\_

