Medical History

Mark Yes☒ or No☒ if you have had any of the following:

AIDS/HIV	Yes☐ No☐	Epilepsy	Yes☐ No☐	Radiation Treatment	Yes☐ No☐
Anemia	Yes☐ No☐	Fainting/Dizziness	Yes☐ No☐	Respiratory Disease	Yes☐ No☐
Arhritis	Yes☐ No☐	Glaucoma	Yes☐ No☐	Rheumatic Fever	Yes☐ No☐
Artificial Heart Valve	Yes☐ No☐	Headaches	Yes☐ No☐	Scarlet Fever	Yes☐ No☐
Artificial Joint	Yes☐ No☐	Heart Murmur	Yes☐ No☐	Shortness of Breath	Yes☐ No☐
Asthma	Yes☐ No☐	Heart Problems	Yes☐ No☐	Sinus Trouble	Yes☐ No☐
Back Problems	Yes☐ No☐	Hepatitis Type_____	Yes☐ No☐	Skin Rash	Yes☐ No☐
Bleeding abnormally	Yes☐ No☐	Herpes	Yes☐ No☐	Special Diet	Yes☐ No☐
Blood Disease	Yes☐ No☐	High Blood Pressure	Yes☐ No☐	Stroke	Yes☐ No☐
Cancer	Yes☐ No☐	Jaundice	Yes☐ No☐	Swollen Feet/Ankles	Yes☐ No☐
Chemical Dependency	Yes☐ No☐	Jaw Pain	Yes☐ No☐	Swollen Neck Glands	Yes☐ No☐
Chemotherapy	Yes☐ No☐	Kidney Disease	Yes☐ No☐	Thyroid Problems	Yes☐ No☐
Circulatory Problems	Yes☐ No☐	Liver Disease	Yes☐ No☐	Tonsilitis	Yes☐ No☐
Congenital Heart Lesions	Yes☐ No☐	Low Blood Pressure	Yes☐ No☐	Tuberculosis	Yes☐ No☐
Cortisone Treatments	Yes☐ No☐	Mitral Valve Prolapse	Yes☐ No☐	Tumor on neck/head	Yes☐ No☐
Cough	Yes☐ No☐	Nervousness	Yes☐ No☐	Ulcer	Yes☐ No☐
Diabetes	Yes☐ No☐	Pacemaker	Yes☐ No☐	Venereal Disease	Yes☐ No☐
Emphysema	Yes☐ No☐	Psychiatric Care	Yes☐ No☐	Weight Loss	Yes☐ No☐

Women:

Pregnant:Yes: ☐ No: ☐ Due Date:____/____/____ Nursing:Yes:☐ No:☐ Taking oral contraceptives:Yes:☐ No:☐

Medications

Are you taking any medication? Yes: ☐ No: ☐

List of Medications: _____

_____

_____

_____

_____

Have you ever used a bisphosphonate:(Fosamax, Actonel, Atelvia, Didronel, Boniva, Prolia):Yes:☐ No:☐

Have you ever taken any of the group of drugs collectively referred to as “fen-phen?” These include combinations of Ionian, Adipex, Fastin, Pondimin and Redux :Yes:☐ No:☐

Preferred Pharmacy_____Location_____

Allergies

Mark ☒ on any known allergies:

Latex	☐	Barbiturates	☐
Penicillin	☐	Aspirin	☐
Sulfa	☐	Codeine	☐
Local Anesthetic	☐	Other	☐
Iodine	☐	_____	

Other

How did you hear about our office?

Referral ☐ Referrer_____

Mailer ☐

TV ☐

Radio ☐

Insurance☐

Other ☐ _____