MEDICAL HISTORY

		PATIENT NAME					Birth Date								
		reat the area in and ard taking, could have an i													
Are you under a physician's care now? Have you ever been hospitalized or had a major operation? Have you ever had a serious head or neck injury? Are you taking any medications, pills, or drugs? Do you take, or have you taken, Phen-Fen or Redux? Are you on a special diet? Do you use tobacco? Do you use controlled substances?					If yes, please explain:										
			Yes	No	lf yes, please ex	plain:									
_				No	Taking oral o	ontraceptiv	es?	Yes	No	Nursing?	Yes	No			
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Yes	No	Heart Attack/Failure	Yes	No			es/	No	Ulcers		Yes	Ν			
Yes	No	Heart Murmur	Yes	No	•		es/	No	Venereal Disea	ase	Yes	Ν			
Yes	No	Heart Pace Maker	Yes	No	Radiation Trea	atments Y	/es	No	Yellow Jaundic	e	Yes	Ν			
Yes	No	Heart Trouble/Disease	Yes	No	Recent Weigh	t Loss Y	es/	No							
y serious	illness	s not listed above?	Yes	No											
	hospitalizer had a king any have you have you Do you Do egnant/Tr y of the fermion asse explains you had, Yes	hospitalized or ler had a serious king any medical have you taken. Are you taken. Do you use co Do you not gegnant/Trying to yof the following penicillin asse explain: you had, any of Yes No Yes Yes No Yes No Yes No Yes No	hospitalized or had a major operation? er had a serious head or neck injury? king any medications, pills, or drugs? have you taken, Phen-Fen or Redux?	cer had a serious head or neck injury? Yes er had a serious head or neck injury? Yes king any medications, pills, or drugs? Yes have you taken, Phen-Fen or Redux? Yes Do you use tobacco? Yes Do you use controlled substances? Yes Do you need to pre-medicate? Yes Do you need to pre-medicate? Yes yof the following? Yes No Cortisone Medicine Yes No Diabetes Yes No Easily Winded Yes Yes No Englepsy or Seizures Yes No Excessive Bleeding Yes Yes No Excessive Bleeding Yes Yes No Frequent Cough Yes No Frequent Cough Yes No Frequent Diarrhea Yes Yes No Glaucoma Yes Yes No Glaucoma Yes Yes No Glaucoma Yes Yes No Heart Attack/Failure Yes Yes No Heart Trouble/Disease	hospitalized or had a major operation? Yes No er had a serious head or neck injury? Yes No king any medications, pills, or drugs? Yes No have you taken, Phen-Fen or Redux? Yes No Do you use tobacco? Yes No Do you use tobacco? Yes No Do you use controlled substances? Yes No Do you need to pre-medicate? Yes No Do you need to pre-medicate? Yes No Pres No Diabetes Yes No Yes No Diabetes Yes No Yes No Easily Winded Yes No Yes No Englepsy or Seizures Yes No Yes No Excessive Bleeding Yes No Yes No Excessive Bleeding Yes No Yes No Frequent Cough Yes No Frequent Cough Yes No Frequent Cough Yes No Glaucoma Yes No Yes No Heart Attack/Failure Yes No Yes No Heart Murmur Yes No Yes No Heart Trouble/Disease	Anospitalized or had a major operation? Yes er had a serious head or neck injury? Yes No If yes, please exing any medications, pills, or drugs? Yes No If yes, please exing any medications, pills, or drugs? Yes No If yes, please exing any medications, pills, or drugs? Yes No If yes, please exing any medications, pills, or drugs? Yes No Do you use tobacco? Yes No Do you use tobacco? Yes No Do you use controlled substances? Yes No Do you need to pre-medicate? Yes No If yes, please exegnant/Trying to get pregnant? Yes No If yes, please exegnant/Trying to get pregnant? Yes No If yes, please exegnant/Trying to get pregnant? Yes No Taking oral controlled substances? Yes No If yes, please exegnant/Trying to get pregnant? Yes No Taking oral controlled substances? Yes No Hepatitis A Yes No Diabetes Yes No Hepatitis A Yes No Diabetes Yes No Hepatitis Bor Yes No Easily Winded Yes No Hepatitis Bor Yes No Easily Winded Yes No Hepatitis Bor Yes No Excessive Bleeding Yes No Hiyes or Rash Yes No Excessive Bleeding Yes No Hypoglycemia Yes No Excessive Thirst Yes No Irregular Hear Yes No Frequent Cough Yes No Leukemia Yes No Frequent Cough Yes No Leukemia Yes No Frequent Diarrhea Yes No Low Blood Preys No Genital Herpes Yes No Low Blood Preys No Genital Herpes Yes No Low Blood Preys No Genital Herpes Yes No Mitral Valve Pres No Heart Attack/Failure Yes No Parathyroid Diares Yes No Heart Murmur Yes No Radiation Tres Yes No Heart Pace Maker Yes No Radiation Tres Yes No Heart Pace Maker Yes No Radiation Tres Yes No Heart Murmur Yes No Radiation Tres Yes No Heart Murmur Yes No Radiation Tres Yes No Heart Marker Yes No Radiation Tres Yes No Heart Murmur Yes No Radiation Tres Yes No Heart Murmur Yes No Radiation Tres Yes No Heart Marker Yes No Radiation Tres Yes No Heart Murmur Yes No Radiation Tres Yes No Heart Murmur Yes No Radiation Tres Yes No Heart M	hospitalized or had a major operation? Yes No If yes, please explain:	hospitalized or had a major operation? Yes No If yes, please explain: er had a serious head or neck injury? Yes No If yes, please explain: have you taken, Phen-Fen or Redux? Yes No Do you use tobacco? Yes No Do you use controlled substances? Yes No Do you need to pre-medicate? Yes No Do you need to pre-medicate? Yes No If yes, please explain: have you taken, Phen-Fen or Redux? Yes No Do you use controlled substances? Yes No Do you need to pre-medicate? Yes No If yes, please explain: have you taken, Phen-Fen or Redux? Yes No If yes, please explain: have you taken, Phen-Fen or Redux? Yes No If yes, please explain: have you taken, Phen-Fen or Redux? Yes No If yes, please explain: have you had, any of the following? Yes No Cortisone Medicine Yes No Hemophilia Yes Yes No Diabetes Yes No Hepatitis A Yes Yes No Diabetes Yes No Hepatitis B or C Yes Yes No Easily Winded Yes No Herpes Yes Yes No Emphysema Yes No Herpes Yes Yes No Emphysema Yes No Herpes Yes Yes No Excessive Bleeding Yes No Hiyke or Rash Yes Yes No Excessive Bleeding Yes No Hiykes or Rash Yes Yes No Excessive Bleeding Yes No Hiykes or Rash Yes Yes No Fainting Spells/Dizziness Yes No Kidney Problems Yes Yes No Frequent Cough Yes No Low Blood Pressure Yes Yes No Frequent Diarrhea Yes No Low Blood Pressure Yes Yes No Genital Herpes Yes No Low Blood Pressure Yes Yes No Genital Herpes Yes No Low Blood Pressure Yes Yes No Genital Herpes Yes No Low Blood Pressure Yes Yes No Hay Fever Yes No Parathyroid Disease Yes Yes No Heart Murmur Yes No Parathyroid Disease Yes Yes No Heart Murmur Yes No Parathyroid Disease Yes Yes No Heart Murmur Yes No Recent Weight Loss Yes Yes No Heart Trouble/Disease Yes No Recent Weight Loss Yes Yes Yes No Heart Attack/Failure Yes No Recent Weight Loss Yes Yes Yes No Heart Dace Maker Yes No Recent Weight Loss Yes Yes Yes No Heart Dace Maker Yes No Recent Weight Loss Yes Yes Yes No Heart Dace Maker Yes No Recent Weight Loss Yes Yes Yes Proposed Accessive Recent Weight Loss Yes Yes Yes Proposed Accessive Recent Weight Loss Yes Yes Yes Pro	hospitalized or had a major operation? Yes No If yes, please explain:	hospitalized or had a major operation? Yes No If yes, please explain: er had a serious head or neck injury? Yes No If yes, please explain: king any medications, pills, or drugs? Yes No If yes, please explain: have you taken, Phen-Fen or Redux? Yes No Do you use tobacco? Yes No Do you use tobacco? Yes No Do you use tobacco? Yes No Do you need to pre-medicate? Yes No If yes, please explain: Begnant/Trying to get pregnant? Yes No If yes, please	hospitalized or had a major operation? Yes No If yes, please explain: er had a serious head or neck injury? Yes No If yes, please explain: ding any medications, pills, or drugs? Yes No Are you on a special diet? Yes No Are you on a special diet? Yes No Do you use tobacco? Yes No Do you use controlled substances? Yes No Do you need to pre-medicate? Yes No If yes, please explain: """""""""""""""""""""""""""""""""""	hospitalized or had a major operation? Yes er had a serious head or neck injury? Yes king any medications, pills, or drugs? Yes have you taken, Phen-Fen or Redux? Yes No Are you on a special diet? Yes No Do you use tobacco? Yes No Do you use tobacco? Yes No Do you use controlled substances? Yes No Do you need to pre-medicate? Yes No Taking oral contraceptives? Yes No No If yes, please explain:			