MEDICAL HISTORY

Do you take blood thinners? ❑ No ❑ Yes _____

Alcohol: ❑ Never Drink(s) per day: _____ Drink(s) per week: _____

Any street drug use? _____

Do you take steroids? _____

Do you have, or have you had, any risk factors for HIV/AIDS? _____

Do you take any diet aids? ❑ No ❑ Yes _____

LIST ALL MEDICATIONS: (including vitamins, supplements (energy bars, protein shakes), diet products)

Name	Dose	How Often

Tobacco: ❑ **Never** **Number of packs per day:** _____ **Number of years:** _____ **Date last used:** _____ **Nicorotte gum / patch :** _____

What medications are you **allergic** to? _____

Any **allergies** to Penicillin, sulfa, iodine or latex _____

Does it take **longer** than five minutes to stop bleeding once cut (shaving, etc.)? _____

Women: Could you be pregnant? ❑ No ❑ Yes _____

Please list all surgeries in the past (any problems with surgery or anesthesia?):

1. _____
2. _____
3. _____
4. _____

Please check or circle and explain any of the following conditions which you now have or have had in the past:

- ❑ Anemia _____
- ❑ Stroke _____
- ❑ Heart Attack / Chest Pain _____
- ❑ Ever been told you have an **elevated** Blood Pressure reading _____
- ❑ Heart Problems _____
- ❑ Mitral Valve Prolapse (any symptoms now?) _____
- ❑ History of Blood Clots in Legs or Pulmonary Embolism _____
- ❑ Thyroid Disorders _____
- ❑ Emphysema _____
- ❑ Shortness of Breath _____
- ❑ Asthma _____
- ❑ Dry Eyes _____
- ❑ Glaucoma _____
- ❑ Cataracts _____
- ❑ Tuberculosis _____
- ❑ Hepatitis / Jaundice _____
- ❑ Palpatations _____
- ❑ Acid Reflux, Indigestion, Heartburn _____
- ❑ Obesity (gastric bypass surgery?) _____
- ❑ Kidney Problems _____
- ❑ Cancer _____
- ❑ Arthritis / Joint Pain _____
- ❑ Back Pain _____
- ❑ Ulcers _____
- ❑ Depression / Anxiety _____
- ❑ Fainting / Dizziness _____
- ❑ Headaches _____
- ❑ Seizures / Epilepsy _____
- ❑ Infections _____
- ❑ Stomach Problems _____
- ❑ Chronic Fatigue Syndrome _____
- ❑ Skin Diseases _____
- ❑ Bleeding Problems _____
- ❑ Hysterectomy _____
- ❑ Diabetes _____

The above information is true and correct.

Signature: _____ **Date:** _____