# Medical History

*Updated: Nov 2015*

**Patient's Name**:_____ **Birthdate (MM/DD/YY)** :_____

FamilyDoctor: _____ Pharmacy:_____

Dr's Phone #_____ Pharmacy Phone #:_____

| Do you have any of the following conditions? | | UPDATED |
|---|---|---|
| ( ) Smoker, previously smoked, smokeless tobacco | ( ) Liver Disease | |
| ( ) High Blood Pressure | ( ) Hepatitis A B C Active/ Carrier | |
| ( ) Heart Disease- Atrial fib, Vent fib, CHF, | ( ) Alcoholism | |
| ( ) Artificial Heart Valves, Unrepaired Heart defect Hx Endocarditis, Donor Heart Recipient | ( ) Mental or Nervous Disorder, ADHD | |
| ( ) Angina? | ( ) Depression, Anxiety | |
| ( ) Heart surgery? What? When? | ( ) Dental/Needle Phobia | |
| ( ) Heart Attack? When? | ( ) Epilepsy/Convulsions | |
| ( ) Stroke When? | ( ) Osteoporosis | |
| ( ) Pacemaker Placed when? | ( ) Thyroid Problem Hyper, Hypo | |
| ( ) High Cholesterol | ( ) Arthritis- osteo/rheumatoid | |
| ( ) Excessive bleeding/Blood Thinners | ( ) Joint Replacement-Hip, Knee, | |
| ( ) Blood Disease-What? | Date of sx? | |
| ( ) T.B. When? | ( ) Autoimmune Disorders | |
| ( ) Emphysema, C.O.P.D | ( )Fibromyalgia ( )Crohn's ( )MS | |
| ( ) Asthma- Mild, Mod, Severe | ( ) Cancer-Type? Tx? | |
| ( ) Hay Fever-Mild, Mod, Severe | ( ) Venereal Disease/HIV/AIDS | |
| ( ) Sleep Apnea mild, mod, severe | ( ) Use recreational drugs routinely | |
| ( ) Acid Reflux Disease | ( ) Use Medical Marijuana | |
| ( ) Intestinal Problems/Stomach Ulcers | | |
| ( ) Diabetes ( ) Type I, ( ) Type II | | |
| ( ) Stable,( ) Unstable | | |
| ( ) Kidney Disease | | |
| **Have you ever had Unusual Reactions to any of the Following? (please note reaction)** | | |
| ( ) Latex, Bandaids | ( ) Penicillin, Amoxicillin | |
| ( ) Anesthetics: GA, Local | ( ) Clindamycin | |
| ( ) Chlorhexidine | ( ) Sulfa | |
| ( ) Codeine, Morphine | ( ) Tetracycline, doxycycline | |
| ( ) Ibuprofen, Toradol, NSAIDs | ( ) Erythromycin | |
| ( ) Aspirin | ( ) Metals What? | |
| ( ) Tylenol | ( ) Other _____ | |
| ( ) Mint/Fluoride | | |

Is there anything else regarding your health that we have not discussed that you feel would be important for us to know before we begin treatment?_____