Medical History

Name_____

Date_____

Do you have a personal Physician?
YES NO

Physician's name_____ **Phone #** _____

Check any of the following which you have had or have at present:

- ○ Abnormal bleeding
- ○ ADD / ADHD
- ○ Alcoholism
- ○ Anemia
- ○ Arthritis
- ○ Artificial joints
- ○ Asthma
- ○ Blood disease
- ○ Blood transfusion
- ○ Cancer/ Tumor, What kind_____
- ○ Chemotherapy
- ○ Circulatory problems
- ○ Congenital heart defect
- ○ Cortisone treatments
- ○ Cough, persistent or bloody
- ○ Diabetes Type_____
- ○ Difficulty breathing
- ○ Drug addiction
- ○ Eating disorder
- ○ Emphysema
- ○ Epilepsy
- ○ Fainting spells
- ○ Frequent headaches
- ○ Glaucoma
- ○ Hay fever
- ○ Head / Neck Cancer or a family history of
- ○ Heart attack
- ○ Heart murmur
- ○ Heart surgery
- ○ Hemolphilia
- ○ Hepatitis Type_____
- ○ Herpes / Fever blisters
- ○ High blood pressure
- ○ HIV+ / AIDS
- ○ Kidney problems
- ○ Liver disease
- ○ Low blood pressure
- ○ Lupus
- ○ Metallic implants, shunts, pins / rods
- ○ Mitral valve prolapse
- ○ Pacemaker
- ○ Psychiatric problems
- ○ Depression
- ○ Radiation treatment
- ○ Rheumatic fever
- ○ Scarlet fever
- ○ Seizures
- ○ Shingles
- ○ Sickle Cell Disease
- ○ Sjogren's Disease
- ○ Sinus problems
- ○ Stroke
- ○ Transplant specify organ_____
- ○ Thyroid problems
- ○ Tuberculosis
- ○ Ulcers
- ○ Unusual / uncontrolled bleeding
- ○ Venereal disease

Other_____
_____

If you said YES to any of the above conditions or you feel there is another medical condition not mentioned please explain:
_____
_____

Women:

Are you or could you be pregnant?

YES NO Due date_____

Are you nursing? YES NO

Are you taking birth control pills? YES NO

Tobacco user? YES NO

Type _____

Amount _____

Number of years
_____

Are you interested in quitting? YES NO

Do you take:

Coumadin (Warfarin)	**YES**	**NO**
Pradaxa	**YES**	**NO**
Plavix	**YES**	**NO**
Daily Aspirin	**YES**	**NO**