

PATIENT NAME: _____

DO YOU TAKE ANY MEDICATIONS FOR ANY OF THESE CONDITIONS? IF YES, CHECK THE BOX NEXT TO THE MEDICATION, CIRCLE, AND WRITE THE MEDICATION & EXPLAIN ON THE ADJACENT LINE.

- Antibiotic _____
- Pain Medicine _____
- Heart Medicine / Blood Pressure Medication / High Cholesterol Medication _____
- Aspirin (baby aspirin a day) _____
- Oral Cortisone / Steroids _____
- Blood Thinner Meds (eg. Coumadin, Plavix, Aggrenox, Pradaxa) _____
- Thyroid Meds _____
- Birth Control Pills _____
- Insulin / Diabetes Med _____
- Ulcers / Acid Reflux _____
- Bone Density Medications (Bisphosphonates like Fosamax, Boniva, IV-Zometa, Actonel, Aredia) _____

- Antidepressants / Antianxiety Meds _____
- Cancer Meds _____
- Pre-Medication Heart Issues / Joint or Knee/Hip Replacement? Why _____
- OTHER Meds not listed? _____

DO YOU HAVE ANY ALLERGIES OR ADVERSE REACTIONS? IF YES, CHECK THE BOX NEXT TO THE ITEM AND EXPLAIN.

- Penicillin or Other Antibiotic: please list _____
- Aspirin _____
- Sulfites _____
- Codeine/ Narcotics _____
- Latex Rubber _____
- Metals _____
- OTHER allergies _____
- OTHER bad reactions _____

ARE YOU ON ANY CURRENT MEDICAL TREATMENT OR DO YOU HAVE OR HAVE HAD ANY OF THESE CONDITIONS? CHECK THE BOX NEXT TO THE CONDITION, CIRCLE, AND WRITE YOUR STATUS.

Under Physician's Care? Yes / No Physician's Name _____

Physician's Phone Number/EMAIL _____

- Hospitalized <5 years and why _____
- High Blood Pressure _____
- Heart Murmur Defect _____
- Mitral Valve Prolapse _____
- Angina / Other Heart Conditions _____
- Heart Attack/ Stroke and When _____
- Smoke /Tobacco _____
- Neurological Conditions _____
- Migraine/Headaches _____
- Epilepsy / Seizures _____
- Kidney Disease / On Dialysis _____
- Liver Disease / Hepatitis _____
- Implant-Organ / Prosthetic Joint / Hip _____
- Emphysema / COPD / Asthma / Other Lung Condition _____
- Cancer Therapy _____
- Ulcers / Digestive Conditions / Acid Reflux _____
- Glaucoma / Eye Conditions _____
- Bleeding Disorders _____
- Hypothyroidism / Hyperthyroidism _____
- Diabetes / Low Blood Sugar / High Blood Sugar _____
- HIV _____
- OTHER CONDITION NOT LISTED HERE _____