MEDICAL QUESTIONNAIRE

Correct answers to the following questions will allow Dr. Hanlon-Rogers to treat you so there will not be an emergency. confidential.

Physicians Name: _____ Date of Last Physical Exam: _____

Have you had any serious illness or operations? Yes No If yes, please describe: _____

Have you ever had a blood transfusion? Yes No If yes, give approximate date: _____

(Women) Are you pregnant? Yes No Nursing? Yes No Taking birth control pills? Yes No

Blood Pressure: _____-

Are you currently taking any medications? If so, please list _____*

* If you have an extensive list of meds, we recommend that you bring them with you on the first visit.

Check if you have had any of the following:

_____ AIDS	_____ Fainting	_____ Radiation Treatment
_____ Anemia	_____ Glaucoma	_____ Respiratory Disease
_____ Arthritis, Rheumatism	_____ Headaches	_____ Rheumatic Fever
_____ Artificial Heart Valve	_____ Heart Murmur	_____ Scarlet Fever
_____ Artificial Joints	_____ Heart Problems	_____ Shortness of Breath
_____ Back Problems	_____ Hemophilia	_____ Skin Rash
_____ Blood Disease	_____ Hepatitis	_____ Stroke
_____ Cancer	_____ High Blood Pressure	_____ Swelling: feet or ankles
_____ Chemical Dependency	_____ HIV	_____ Thyroid Problems
_____ Chemotherapy	_____ Jaw Pain	_____ Tobacco Habit
_____ Circulatory Problems	_____ Kidney Disease	_____ Tonsillitis
_____ Cortisone Treatments	_____ Liver Disease	_____ Tuberculosis
_____ Cough, Persistent	_____ Mitral Valve Prolapse	_____ Ulcer
_____ Cough up blood	_____ Nervous Problems	_____ Venereal Disease
_____ Diabetes	_____ Pacemaker	
_____ Epilepsy	_____ Psychiatric Care	

Do you have any allergies to the following:

_____ Penicillin	_____ Latex	_____ Epinephrine
_____ Amoxicillin	_____ Novocaine	_____ Aspirin
_____ Sulfa	_____ Erythromycin	_____ Codeine

Other: _____

Name of nearest relative: _____ Phone number: _____