MEDICAL HISTORY

Name of Physician ____________________________
Date of last physical exam ____________________________

Please indicate if you have ever had:
(Please mark the appropriate column)

	Currently	In the Past	Never Had
Anemia	☐	☐	☐
Asthma	☐	☐	☐
Diabetes,	☐	☐	☐
If currently diabetic, are you insulin dependant? Y N			
Tuberculosis	☐	☐	☐
Sinus Problems	☐	☐	☐
Fen/Phen or other prescription weight loss drugs	☐	☐	☐
Kidney Disease	☐	☐	☐
Hemophilia	☐	☐	☐
Radiation Treatment	☐	☐	☐
Cancer	☐	☐	☐
High Blood Pressure	☐	☐	☐
Heart Attack, Heart Surgery or Heart Disease	☐	☐	☐
Congenital Heart Disease	☐	☐	☐
Mitral Valve Prolapse	☐	☐	☐
Pacemaker or Artifical Heart Valve	☐	☐	☐
Any Prosthetics If Currently, when/where were they placed?_________	☐	☐	☐
Rheumatic Fever	☐	☐	☐
Heart Murmur	☐	☐	☐
If currently, have you ever been told that you should premedicate? Y N			
Stroke	☐	☐	☐
Dizziness or Fainting	☐	☐	☐
Convulsions/Epilepsy	☐	☐	☐
Psychiatric Treatment	☐	☐	☐
Hepatitis (circle type) A B C	☐	☐	☐
Any Contagious diseases	☐	☐	☐
Venereal Disease	☐	☐	☐
AIDS or HIV+ test result	☐	☐	☐
Latex sensitivity	☐	☐	☐
Allergies to any metals or minerals?	☐	☐	☐

Is there any disease or condition not listed above that you have been diagnosed with? Y N
If yes, please explain: ____
Have you had joint replacement within the last two years? Y N
If yes, what type and when? ____________________________
Are you pregnant or think you may be pregnant? Y N
If yes, what is your due date? ___________________________
Are you nursing? Y N
Are you taking any medications? (This includes prescription, over-the-counter, or herbal medicines) Y N
Please list all medications including dosage and frequency: ____
____
____
Are you taking any medications for the treatment of osteoporosis,bone pain or bone disease? Y N
____
Any allergies or adverse reactions to: (please circle) Penicillin Aspirin Sulfa Drugs Latex
Local Anesthetic Other (Please list below)
____
Are you under a physician's care now? Y N
Please list any surgeries you have had: ____
Have you been hospitalized for any reason within the past five years? Y N
If yes, please explain: ____

Over Please