Health History

Physicians Name:________________________________**Date of last visit?**________________________

Have you ever taken any of the group of drugs currently referred to as a "fen-phen?" These include combinations of lonimin, Adipex, Fastin (brand names of phentermine? Pondimin (fenfluaramine) and Rudux (dexfenfluramine)? Yes______ No_______

Please check all that apply:

- AIDS/HIV
- Anemia
- Arthritis, Rheumatism
- Artificial Heart Valves
- Artificial Joints
- Asthma
- Back Problems
- Bleeding abnormally
- Blood Disease
- Cancer
- Chemotherapy
- Circulatory problems
- Congenital Heart Lesions
- Cortisone Treatments
- Cough Persistent
- Diabetes
- Emphysema
- Epilepsy
- Fainting or dizziness
- Glaucoma
- Headaches
- Heart murmur
- Heart problems
- Hepatitis Type_____
- Herpes
- High blood pressure
- Jaundice
- Jaw pain
- Kidney disease
- Liver disease
- Low blood pressure
- Mitral valve prolapsed
- Nervous problems
- Pacemaker
- Psychiatric care
- Radiation treatment
- Respiratory disease
- Rheumatic fever
- Scarlet fever
- Shortness of breath
- Sinus trouble
- Skin rash
- Special diet
- Swollen ankles or feet
- Swollen neck glands
- Thyroid problems
- Tonsillitis
- Tuberculosis
- Tumor or growth on neck
- Ulcer
- Venereal Disease
- Weight loss, unexplained

Do you wear contact lenses?
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Women:

Are you pregnant? Due Date: Are you nursing?

Taking birth control pills?

Medications

Please list and medications you are currently taking and the correlating diagnosis:

Pharmacy Name:______________________________________ Phone: ______________________________

Allergies

Please list any allergies: