TELL US ABOUT YOUR HEALTH: **Name**_____

How would you rate your health?……. *Please circle one* **Excellent Good Fair Poor**

When did you have your last physical exam? _____

If you are under the care of a physician, please give reason(s) for treatment.

_____

Physician's Name, Address and Telephone Number:

Name_____ Address _____
City_____ State_____ Zip_____ Telephone_____

Have you ever had any kind of surgery?……No ☐ Yes ☐
If yes, what kind? _____ Date _____
_____ Date _____

Have you ever had any trouble with prolonged bleeding after surgery?……... No ☐ Yes ☐
Are you on blood thinner medication…….…….…. No ☐ Yes ☐
Do you wear a pacemaker or any other kind of prosthetic device?…….. No ☐ Yes ☐
Are you taking any kind of medication, drugs, or herbals at this time?……..No ☐ Yes ☐

If yes please give name(s) of the medicine(s), including herbals, and reason(s) for taking them.

Name of MEDICATION	**Reason** for Med

Name of MEDICATION	**Reason** for Med

Do you have MEDICATION, Latex or any other Allergies?.....No ☐ Yes ☐
If yes, allergic to: ☐ Aspirin ☐ Local Anesthetic ☐ Codeine ☐ Latex ☐ Penicillin ☐ Others_____

If FEMALE, are you pregnant or nursing ……..……No ☐ Yes ☐
Are you taking birth control pill, patch or shot……..…….……No ☐ Yes ☐

Please circle any past or present illness you have had:

Alcoholism	Blood Pressure	Epilepsy	Hepatitis	Kidney or Liver	Sinusitis
Allergies	Blood Disease	Glaucoma	Herpes	Mental Condition	Stroke
Anemia	Cancer	Head/Neck Injuries	Immunodeficiency	Migraine	Thyroid Condition
Artificial Joint	Diabetes	Heart Condition	Infectious Diseases:	Mitral Valve Prolapse	Ulcers
Asthma	Drug Dependency	Heart Pacemaker	e.g.*HIV,TB, Hepatitis*	Respiratory Condition	Veneral Disease

Do you have any disease not mentioned above?……..…..…..…….No ☐ Yes ☐
If **yes** to above question what is the disease? _____

Is there information about your health that we should know? ……..…..……No ☐ Yes ☐
If **yes** to above question what is the information?_____

Comments _____
_____
_____

Signature of Patient, Parent/Guardian_____**Date**_____

*Reviewed by*_____*Date*_____