Name: ______________________________ **Date:** ______________

List allergies to medications and other substances & types of reaction:

Add/Edit Allergies

Name of medication or Substance—Reaction:	Anemia	Asthma	Nausea	Rash	Shock	Other
____________________	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
____________________	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
____________________	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

List any present medication you currently use:

Add/Edit Beg Meds

	Name of medication	*Strength*	*How often*
1)			
2)			
3)			
4)			
5)			
6)			
7)			

[ ] Not presently taking any medication

Please check if you have any of the following:

Basic M+F All Ages

Constitutional Symptoms

[ ] Just don't feel well *(malaise)*

[ ] Unexplained weight loss

EYES

[ ] Use of contact lens

Ears, Nose, Mouth & Throat

[ ] Use of dentures

[ ] Use of hearing aids

Cardiovascular

[ ] Chest pain *(angina pectoris)*

[ ] Swollen ankles *(ankle edema)*

[ ] Unable to sleep flat *orthopnea)*

[ ] Irregular heart *(palpitations)*

Respiratory

[ ] Chronic cough

[ ] Shortness of breath with exertion

[ ] Frequent use of oxygen

[ ] Coughing up blood

[ ] Wheezing

Gastrointestinal

[ ] Indigestion *(dyspepsia)*

[ ] Heartburn

Musculoskeletal

[ ] Frequent or chronic increased joint temperature

[ ] Frequent or chronic joint pain

[ ] Frequent or chronic joint stiffness

[ ] Frequent or chronic joint swelling

[ ] Frequent severe back pain

[ ] Localized muscle weakness

Neurological

[ ] Frequent severe headaches

[ ] Numbness in feet

[ ] Numbness in hands

[ ] Seizures

[ ] Tremors

Psychiatric

[ ] Claustrophobia

[ ] Panic attacks

[ ] Paranoia

[ ] Severe depression

Endocrine

[ ] Cold intolerance

[ ] Heat intolerance

Hematologic/Lymphatic

[ ] Prolonged bleeding after dental procedures

[ ] Prolonged bleeding from lacerations or nose

[ ] Spontaneous bleeding from gums or nose

[ ] Spontaneous discoloration of skin

Allergic/Immunologic

[ ] Delayed healing of lacerations

[ ] Frequent infectious illness

[ ] History of surgical wound infections

[ ] None of the above apply

Please check if you have or are being treated for the following medical conditions: **Basic M+F All ages**

[ ] Active tuberculosis
[ ] Allergic asthma
[ ] Anemia
[ ] Cancer
[ ] Carbunculosis (recurrent boils)
[ ] Diabetes mellitus Type I
[ ] Diabetes mellitus Type II
[ ] Grand mal seizures
[ ] Hemophilia
[ ] Hepatitis B
[ ] Hepatitis C
[ ] MRSA
[ ] HIV/AIDS
[ ] Hypertension
[ ] Osteomyelitis
[ ] Pseudocholinesterase deficiency
[ ] Renal failure requiring dialysis
[ ] Renal insufficiency
[ ] Sickle cell anemia or trait
[ ] Use Coumadin (warfarin)
[ ] Use of Ticlid (ticlopidine)
[ ] Use of Aggrastat (tirofibian)
[ ] Use of Integrilin(eptifibatdade)
[ ] Sleep apnea
[ ] Use of CPAP
[ ] Use of BiPAP
[ ] Use of VPAP
[ ] Use of APAP
[ ] ***None of the above apply***

Please check if you have or are being treated for the following medical conditions: **Add'l M+F >10 years old**

[ ] Adrenal failure
[ ] Chronic pancreatitis
[ ] Cirrhosis of liver
[ ] Corticosteroid dependency
[ ] Fibromyalgia
[ ] Frequent alcohol consumption
[ ] Frequent cigarette smoking
[ ] Frequent use of herbal remedies or medications
[ ] Frequent use of smokeless tobacco
[ ] Frequent use of street drugs
[ ] Gastric or duodenal ulcers
[ ] Gastroesophageal reflux disease *(GERD)*
[ ] Gout
[ ] High cholesterol *(hypercholesterolemia)*
[ ] Hyperthyroidism
[ ] Hypoglycemia
[ ] Hypothyroidism
[ ] Multiple sclerosis
[ ] Nasal staphylococcal infection
[ ] Psoriasis
[ ] Rheumatoid arthritis
[ ] ***None of the above apply***

Please check if you have or are being treated for the following medical conditions: **Add'l M+F >40 years old**

[ ] Alzheimer's Disease
[ ] Arterial peripheral vascular disease
[ ] ASCVD (hardening of heart arteries)
[ ] Carotid stenosis
[ ] Chronic obstructive pulmonary disease (COPD)
[ ] Glaucoma
[ ] Mini-strokes (TIA's)
[ ] Osteoporosis
[ ] Parkinson's disease
[ ] Peripheral neuropathy
[ ] ***None of the above apply***

For men only—please check if you have or are being treated for the following active medical conditions: **Add'l Male >40 years old**

[ ] Benign prostatic hyperplasia
[ ] Carcinoma of the prostate
[ ] Chronic prostatitis

For women only—please check if you have any of the following: **Add'l Female 10-60 years old**

[ ] Pregnant
[ ] Breast feeding

List any hospitalizations for medical conditions you have had (other than surgery): **Basic M+F All Ages**

	Reason for hospitalization	*Year*	*Hospital*	*Complications*
1)				
2)				
3)				
4)				
5)				

List any surgeries that you have had: **Basic M+F All Ages**

	Type of Surgery	*Year*	*Type of Anesthesia*	*Complications*
1)	____	____	____	____
2)	____	____	____	____
3)	____	____	____	____
4)	____	____	____	____
5)	____	____	____	____

List any major injuries in the past: **Basic M+F All Ages**

	Type of accident or injury	*Year*	*Injury Sustained*	*Residual Effects*
1)	____	____	____	____
2)	____	____	____	____
3)	____	____	____	____
4)	____	____	____	____
5)	____	____	____	____

Please check if you have had any of the following medical conditions in the past, but no longer have them: **Basic M+F All Ages**

[ ] Allergic asthma
[ ] Anaphylactic shock
[ ] Cancer
[ ] Hepatitis
[ ] Malignant hypothermia
[ ] MRSA
[ ] Renal failure
[ ] Sensitivity to general anesthetics
[ ] Sensitivity to local anesthetics
[ ] Blood relative intolerant to general anesthetics
[ ] Blood relative with bleeding diathesis
[ ] ***None of the above apply***

Please check if you have had any of the following medical conditions in the past, but no longer have them: **Basic M+F > 10 yrs old**

[ ] Adrenal failure
[ ] Alcoholism
[ ] Gastric or duodenal ulcers
[ ] Gastroesophageal reflux disease (GERD)
[ ] Liver failure
[ ] Heart attack (myocardial infarction)
[ ] Pancreatitis
[ ] Prescription drug addiction
[ ] Pulmonary embolus
[ ] Reflex sympathetic dystrophy (*RSD)*
[ ] Street drug addiction
[ ] Stroke
[ ] Thrombophlebitis
[ ] ***None of the above***

Please fill in you height and weight: Height: ____________ Weight: ____________ **Basic M+F All Ages**

➔Please list if there is any important medical symptom, active medical disease or inactive medical disease that you have not been asked about when you finish this form:

____

____

____