3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		W Sale	MEDICAL H	ISTORY	ALT THE	THE RESERVE OF THE PARTY OF THE	100
Place a mark on "	Yes" or	"No" to i	ndicate if you have had an	y of the follo	owing:		
AIDS/HIV	Yes		Epilepsy		□No	Rash	☐ Yes ☐
Allergies to Anesthetics	Yes	□No	Eye Problems	☐ Yes	☐ No	Respiratory Disease	☐ Yes ☐
Allergies to Medicine or Drugs		□ No	Fainting	☐ Yes	□ No	Rheumatic Fever	☐ Yes ☐
Anemia	Yes	□No	Foot or Leg Cramps	☐ Yes	□ No	Shortness of Breath	☐ Yes ☐
angina	Yes	□No	Gout	☐ Yes	□ No	Sinus Problems	☐ Yes ☐
Arthritis	Yes	□No	Headaches	☐ Yes	□No	Special Diet	☐ Yes ☐
rtificial Heart Valves or Joints	☐ Yes	□ No	Heart Disease	Yes	□ No	Stroke	☐ Yes ☐
sthma	☐ Yes	□ No	Hemophilia	☐ Yes	□ No	Swelling in Ankles, Feet	☐ Yes ☐
ack Problems	☐ Yes	□ No	Hepatitis or Jaundice	☐ Yes	□ No	Swollen Neck Glands	☐ Yes ☐
leeding Disorders	☐ Yes	□ No	High Blood Pressure	☐ Yes	□ No	Tired Feet	☐ Yes ☐
ancer	☐ Yes	□ No	Kidney Problems	☐ Yes	□ No	Tuberculosis	☐ Yes ☐
hemical Dependency	☐ Yes	□ No	Liver Disease	☐ Yes	□ No	Ulcers	☐ Yes ☐
hest Pain	☐ Yes	□ No	Low Blood Pressure	Yes	□ No	Varicose Veins	☐ Yes ☐
hronic Diarrhea	☐ Yes	□ No	Neuropathy	Yes	□ No	Venereal Disease	☐ Yes ☐
irculatory Problems	Yes	□ No	Phlebitis	☐ Yes	□ No	Weight Loss, unexplained	☐ Yes ☐
iabetes	☐ Yes	□ No	Psychiatric Care	☐ Yes	□ No		
ar Problems	☐ Yes	□ No	Radiation Treatment	☐ Yes	□ No		
urgeries you have had							
ospitalization other than for th	e surger	iles listen					
amily physician				wer the past	two years'	Last visit date	
Family physician Are you now, or have you been	, under	any other		over the past	two years'		
family physician	, under	any other	doctor's care for any reason of	wer the past	two years'		0000000
family physician	, under	any other	doctor's care for any reason of	over the past	two years'		IES
amily physician re you now, or have you been yes, please explain	, under a	any other	doctor's care for any reason of	wer the past	two years'	Yes No	
amily physician re you now, or have you been yes, please explain	, under a	any other	doctor's care for any reason of	wer the past	two years'	Yes No ALLERG Adhesive/Tape	☐ Local Anesthe
amily physician re you now, or have you been yes, please explain	, under a	any other	doctor's care for any reason of	over the past	two years'	ALLERG Adhesive/Tape Anticoagulant Therapy	☐ Local Anesthe
amily physician re you now, or have you been yes, please explain	, under a	any other	doctor's care for any reason of	over the past	two years'	ALLERG Adhesive/Tape Anticoagulant Therapy Aspirin	☐ Local Anesthe ☐ Novocaine ☐ Penicillin
family physician are you now, or have you been fives, please explain and a prescriptions, over-the-control of the prescriptions.	, under a	any other	doctor's care for any reason of	over the past	two years'	ALLERG Adhesive/Tape Anticoagulant Therapy Aspirin Codeine	Local Anesthe Novocaine Penicillin Seafoods
amily physician are you now, or have you been yes, please explain anclude prescriptions, over-the-co	, under a	any other	doctor's care for any reason of	wer the past	two years'	ALLERG Adhesive/Tape Anticoagulant Therapy Aspirin Codeine Demerol	☐ Local Anesthe ☐ Novocaine ☐ Penicillin
amily physician are you now, or have you been yes, please explain acclude prescriptions, over-the-order was a constant of the con	, under a	MED	doctor's care for any reason of the second o	wer the past	two years'	ALLERG Adhesive/Tape Anticoagulant Therapy Aspirin Codeine Demerol Iodine	Local Anesthe Novocaine Penicillin Seafoods
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amily physician are you now, or have you been yes, please explain acclude prescriptions, over-the-contract Name(s) tharmacy Phone(s) () to you take oral contraceptives	counter	MED medication	doctor's care for any reason of the second o	wer the past	two years'	ALLERG Adhesive/Tape Anticoagulant Therapy Aspirin Codeine Demerol Iodine	Local Anesthe Novocaine Penicillin Seafoods
amily physician are you now, or have you been yes, please explain acclude prescriptions, over-the-contract Name(s) tharmacy Phone(s) () to you take oral contraceptives	counter	MED medication	doctor's care for any reason of the second o			ALLERG Adhesive/Tape Anticoagulant Therapy Aspirin Codeine Demerol Iodine	Local Anesthe Novocaine Penicillin Seafoods
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amily physician	counter P	MED medication s \(\sum No \) nission to the doctor	ICATIONS IS and vitamins TREATMENT The doctor (and the doctor)	CONSENT's assistant	VT	ALLERG Adhesive/Tape Anticoagulant Therapy Aspirin Codeine Demerol Iodine Other	□ Local Anesthe □ Novocaine □ Penicillin □ Seafoods □ Sulfa minister and pe
Pharmacy Name(s) Po you take oral contraceptives Thereby consent and give morm such procedures upon	counter P	MED medication s \(\sum No \) nission to the doctor	ICATIONS IS and vitamins TREATMENT The doctor (and the doctor deems necessary.	CONSENT's assistant	VT	ALLERG Adhesive/Tape Anticoagulant Therapy Aspirin Codeine Demerol Iodine Other gnated replacement) to add	□ Local Anesthe □ Novocaine □ Penicillin □ Seafoods □ Sulfa minister and pe