

## HEALTH HISTORY

Personal Physician Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Are you in good health? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you allergic to any medications OR have you ever had any bad reactions to any drugs or medicines?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No If YES, please list: \_\_\_\_\_

Are you currently taking any medications including vitamins, aspirin, anti-inflammatory, etc.?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No If YES, please list: \_\_\_\_\_

Do you smoke or chew tobacco? \_\_\_\_\_ No \_\_\_\_\_ Yes How much daily? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ No \_\_\_\_\_ Yes How much daily? \_\_\_\_\_

WOMEN Only: Are you pregnant or planning pregnancy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you taking birth control pills? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you taking hormone replacement? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have or have you ever had any of the following?

	Yes	No		Yes	No
Rheumatic Fever.....	Y	N	Asthma.....	Y	N
Rheumatic Heart Disease.....	Y	N	Emphysema.....	Y	N
Congenital Heart Disease.....	Y	N	Bronchitis.....	Y	N
Cardiovascular Disease.....	Y	N	Pneumonia.....	Y	N
Heart Attack.....	Y	N	Tuberculosis.....	Y	N
Heart Murmur.....	Y	N	Seizures.....	Y	N
Coronary Artery Disease.....	Y	N	Convulsions.....	Y	N
Angina.....	Y	N	Epilepsy.....	Y	N
High Blood Pressure.....	Y	N	Psychiatric Treatment.....	Y	N
Stroke.....	Y	N	Nervous Disorders.....	Y	N
Palpitations.....	Y	N	Bleeding Disorders.....	Y	N
Heart Surgery.....	Y	N	Anemia.....	Y	N
Pacemaker.....	Y	N	Kidney Disease.....	Y	N
Liver Disease.....	Y	N	Diabetes.....	Y	N
Jaundice.....	Y	N	Thyroid Disease.....	Y	N
Hepatitis.....	Y	N	Arthritis.....	Y	N
Stomach Ulcers/Colitis.....	Y	N	Glaucoma.....	Y	N
Mouth Sores.....	Y	N	Radiation/Cancer.....	Y	N
Implants (heart valve, knee, hip)...	Y	N	Sinus/nasal problems.....	Y	N
Clicking/Popping of jaw joint.....	Y	N	Pain near ear.....	Y	N
Grind/clench teeth.....	Y	N	Recurrent Infections.....	Y	N

Do you have any other disease, condition or problem that you think the doctor should know about?  
 \_\_\_\_\_

Do you wish to speak privately about anything? \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_