

HEALTH QUESTIONS

NAME _____ HEIGHT _____ WEIGHT _____

MEDICAL HISTORY: Please circle the appropriate answer if you have or have had:

YES / NO Prolonged bleeding when cut

YES / NO Diabetes

YES / NO Stomach Ulcer

YES / NO High Blood Pressure

YES / NO Heart trouble/disease

YES / NO Heart murmur

YES / NO Irregular pulse

YES / NO Cancer

If yes, what type _____

YES / NO Shortness of breath/lung problems

YES / NO Fainting

YES / NO Visual problems

YES / NO Joint pains

YES / NO Excessive scarring

YES / NO Autoimmune disorder

YES / NO Hepatitis

YES / No Any other significant illness

If yes, what type _____

FAMILY HISTORY: Is there a history of the following in your blood relatives?

(Please list the family member's relationship to the patient)

Diabetes _____

Hepatitis _____

Heart Attack or Stroke _____

Prolonged Bleeding _____

Cancer (type?) _____

High blood pressure _____

PERSONAL HISTORY:

Do you smoke? _____ If yes, how many packs per day: _____ Pregnancies # _____ C-Section YES / NO

History of blood clots? _____ Last Mammo _____

Do you drink alcohol? _____ Never _____ Occasionally _____ Regularly _____ Amount per day _____

List Previous Operations

Date

Problems with Surgery or Anesthesia?

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALLERGIES: Have you had reaction to medication/drugs/local anesthesia? _____

Medication Name _____ Type of Reaction _____

Medication Name _____ Type of Reaction _____

Medication Name _____ Type of Reaction _____

MEDICATIONS TAKEN REGULARLY: (include aspirin & birth control pills)

Medication Name _____ Dosage/Frequency _____

Medication Name _____ Dosage/Frequency _____

Medication Name _____ Dosage/Frequency _____

Medication Name _____ Dosage/Frequency _____

Medication Name _____ Dosage/Frequency _____

BLEEDING/TRANSFUSIONS: Have you ever had a blood transfusion? _____

Have you taken aspirin-containing drugs in the past two weeks? _____

If female, date of your last menstrual period. _____