MEDICAL HISTORY

Patient Name			Nic	kname			Ag	e		
Name of Physician/and their specialty										
Most recent physical examination										
What is your estimate of your general health?	\Box	Exce				🗌 Faiı		Poor		
DO YOU HAVE or HAVE YOU EVER HAD:	YES	NO							YES	NO
1. hospitalization for illness or injury			 27. 28. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 	medication arthritis or autoimmu (e.g. rheum glaucoma contact lei head or ne epilepsy, c neurologie viral infect any lumps hives, skin STI/STD/H hepatitis (HIV/AIDS	ns (e.g. bi gout une disea natoid arth nses eck injurie onvulsior c disorder ions and c or swelli rash, hay IPV type	sphosphonat se aritis, lupus, so es as (seizures) rs (e.g. Alzheim cold sores ng in the mo of fever _)	es) cleroderma ner's disease puth	ti-resorptive		
 heart problems, or cardiac stent within the last six months history of infective endocarditis artificial heart valve, repaired heart defect (PFO) pacemaker or implantable defibrillator orthopedic or soft tissue implant (e.g joint replacement, breast implant) heart murmur, rheumatic or scarlet fever high or low blood pressure			41. 42. 43. 44. 45. 46.	radiation t chemothe emotiona psychiatric concentra	herapy erapy, imr I difficultion treatment tion prob	nunosuppre es nt or antide lems or ADI	essive mec pressant n D/ADHD	lication		
 prolonged bleeding due to a slight cut (or INR > 3.5) pneumonia, emphysema, shortness of breath, sarcoidosis chronic ear infections, tuberculosis, measles, chicken pox breathing problems (e.g. asthma, stuffy nose, sinus congestion) sleep problems (e.g. sleep apnea, snoring, insomnia, restless sleep, bedwetting) 			47. 48. 49.	presently aware of a (e.g., fever, taking me	change i chills, nev dication f	in your healt v cough, or di or weight m	h in the la arrhea) anageme	ess st 24 hours	Q	
 17. kidney disease			51. 52.	often exha experienc a smoker,	austed or ing freque smoked p	fatigued _ ent headach previously or	es or chro ^r other (e.g	d/or probiotics nic pain s. smokeless tobacco,	\Box	
 hormone deficiency or imbalance (e.g. poly cystic ovarian syndrome) high cholesterol or taking statin drugs diabetes (HbA1c =) stomach or duodenal ulcer digestive or eating disorders (e.g. celiac disease, gastric reflux, bulimia, anorexia) Describe any current medical treatment, impending surgery, g 			55. 56. 57. 58.	considered often unh taking birt currently p diagnosec	d a touch appy or d h control pregnant I with a p	y/sensitive p lepressed pills rostate disor	erson	at may possibly affe		

dental treatment. (i.e. Botox, Collagen Injections)

List all med	ications, supplements, vitamins, and	/or probiotics taken within the las	t two years.
Drug	Purpose	Drug	Purpose
PLEASE ADVISE US IN THE FUT	JRE OF ANY CHANGE IN YOUR M	EDICAL HISTORY OR ANY MED	ICATIONS YOU MAY BE TAKING.

Patient's Signature	Date	
Doctor's Signature	Date	
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