

Patient Medical Information Sheet

Patient's name _____ Birthdate _____ Today's date _____

1. Please list any medications that the patient is allergic to, and explain what the reaction was (e.g. rash, facial swelling, vomiting, etc):

Penicillin	No	Yes	_____
Sulfa	No	Yes	_____
Other antibiotics	No	Yes	_____
Novacaine	No	Yes	_____
Other(Please list and explain):			_____ _____

2. Please list all medications that the patient has taken in the past 48 hours and takes routinely (include any "homeopathic" type of meds): _____

3. Is there a family history of , or has the patient ever had a problem with prolonged bleeding after surgery or an injury?
No Yes If yes, please explain: _____

4. Has the patient ever had, or does he/she have: If yes, please explain:

Heart trouble	No	Yes
Heart murmur	No	Yes
Asthma	No	Yes
Wheezing	No	Yes
Pneumonia	No	Yes
Tuberculosis	No	Yes
High blood pressure	No	Yes
Diabetes	No	Yes
Seizure, convulsion	No	Yes
Jaundice	No	Yes
Hepatitis	No	Yes
Arthritis, swollen joints	No	Yes
Blood transfusion	No	Yes
Anemia	No	Yes
Allergy, hayfever	No	Yes

5. Has the patient ever been hospitalized? No Yes If yes, please list the reason, approximate date, and which hospital: _____

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Patient's name _____ Birthdate _____ Today's date _____

Height _____ Current weight _____

6. Has the patient ever undergone surgery? No Yes If yes, please list the reason, approximate date, and which hospital and surgeon: _____

Patient referred by: _____

Patient's managing physician (Internist, Family Physician, OB-GYN, etc.) _____

Other physicians involved in patient's care: _____

Habits

Do you smoke now? Yes No If yes, how many packs per day (average)? _____

Did you ever smoke? Yes No If yes, how many packs per day (average) for how many years? _____

Do you ever drink alcohol? Yes No If yes, how many drinks per day or per week? _____

Women:

Any chance that you could be pregnant now? Yes No

What was the date that your last menstrual period began? _____

Are you right or left-handed? Right Left

Profession

What kind of work are you presently engaged in? _____