PATIENTS NAME_____ TODAY'S DATE _____/_____/_____

AGE_____HEIGHT_____WEIGHT_____ DATE OF BIRTH ____/____/____

DO YOU HAVE, OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

Y	N		Y	N		Y	N	
☐	☐	SINUSITIS	☐	☐	ASTHMA	☐	☐	DIABETES
☐	☐	RHEUMATIC FEVER	☐	☐	EMPHYSEMA	☐	☐	STROKE
☐	☐	CANCER	☐	☐	BRONCHITIS	☐	☐	NERVOUS DISORDER
☐	☐	RADIATION THERAPY	☐	☐	TUBERCULOSIS	☐	☐	SUBSTANCE ABUSE
☐	☐	HEART ATTACK	☐	☐	ULCER	☐	☐	EMOTIONAL DISORDER
☐	☐	ANGINA(CHEST PAIN)	☐	☐	REFLUX	☐	☐	BLEEDING DISORDER
☐	☐	CHEST SURGERY	☐	☐	LIVER DISEASE	☐	☐	IMMUNE DISORDER
☐	☐	HEART MURMUR	☐	☐	HEPATITIS	☐	☐	PROSTHETIC JOINTS
☐	☐	PACEMAKER	☐	☐	KIDNEY DISEASE	☐	☐	TEMPOROMANDIBULAR DISORDER
☐	☐	ARRHYTHMIA(IRREG. PULSE)	☐	☐	DIALYSIS	☐	☐	EPILEPSY
☐	☐	HIGH BLOOD PRESSURE	☐	☐	THYROID DISEASE	☐	☐	PREGNANT CURRENTLY
						☐	☐	OSTEOPOROSIS/OSTEOPENIA

ALLERGY TO MEDICATIONS_____

OTHER ALLERGIES_____

ARE YOU TAKING ANY OF THE FOLLOWING MEDICATIONS?

Y	N		Y	N		Y	N	
☐	☐	NITROGLYCERINE	☐	☐	BREATHING MEDICINE	☐	☐	INSULIN
☐	☐	BLOOD PRESSURE MEDS	☐	☐	ASPIRIN(DAILY)	☐	☐	STEROIDS
☐	☐	PAIN MEDICINE	☐	☐	BLOOD THINNERS(COUMADIN, PLAVIX)	☐	☐	TRANQUILIZERS

LIST CURRENT MEDICATIONS AND DOSAGES_____

_____

_____

Y	N	
☐	☐	HAVE YOU EVER HAD SURGERY IN A HOSPITAL OR OUTPATIENT?
☐	☐	HAVE YOU BEEN HOSPITALIZED IN THE LAST 5 YEARS?
☐	☐	DO YOU SMOKE?
☐	☐	ARE YOU TAKING OR HAVE YOU EVER TAKEN BISPHOSPHONATES FOR OSTEOPOROSIS, MULTIPLE MYELOMA OR OTHER CANCERS(RECLAST, FOSAMAX, ACTONEL, BONIVA, AREDIA, ZOMETA, PROLIA)?

REMARKS:_____

_____

_____

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I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT SIGNED **X**_____