



Health Questions	Yes	No	Give details if yes
PRESENT ILLNESSES: Do you have any heart disease, heart trouble or heart abnormality?			
Do you have high blood pressure?			
Any recent or long term problems with your lungs?			
Have you had jaundice, hepatitis or liver trouble?			
Do you have diabetes? Please explain treatment.			
Do you have thyroid trouble?			
Do you have a history of ulcers?			
Do you have a history of a bleeding disorder?			
Do you have any allergies to medicine?			
Do you have any other illnesses?			
PERSONAL AND SOCIAL: Do you smoke? How much? How long?			
Do you drink alcohol? How much?			
Any loose, cupped or false teeth?			
OPERATIONS: Any previous operations? Please list.			
What type of anesthesia was used?			
Any personal or family history of problems with anesthesia?			
RECENT TESTS: (within 6 months) Blood tests? Results?			
EKG? Results?			
Chest x ray? Results?			

MEDICATIONS: Are you taking now or have recently taken medication for:

- | | | | | | |
|--|-----|----|--|-----|----|
| 1. Blood pressure? | Yes | No | 6. Breathing problem? | Yes | No |
| 2. Heart disease? | Yes | No | 7. Birth Control? | Yes | No |
| 3. Diuretics? | Yes | No | 8. Aspirin? | Yes | No |
| 4. Anticoagulants?
(blood thinners) | Yes | No | 9. Tranquilizers, anti-depressants, sedatives? | Yes | No |
| 5. NSAIDs (Naprosyn, Relafen, etc) | Yes | No | 10. Cortisone? | Yes | No |

IF YES FOR ANY MEDICATIONS, OR TAKING ANY NOT LISTED, PLEASE EXPLAIN/NAME: _____

NAME: _____ DATE: _____