

NAME _____

1. Please list any medical conditions or problems you have (like high blood pressure, diabetes, cholesterol, arthritis, heart or lung problems, etc.).

4. Have you ever had an operation (like appendix or tonsils) or other procedure (like colonoscopy)? What was it? Date?

5. Are there any illnesses that run in your family (like diabetes or cancer for example)?

2. Please list the names and doses of the medicines you take regularly (including birth control and over-the counter).

6. Do you use tobacco?
 Currently every day
 Currently some days
 Formerly
 Never Did

7. Do you drink alcohol?
 Never
 Occasionally/Socially
 Weekly
 Daily

8. What other doctors do you see for other conditions?

3. Are you allergic to any medicines or to Latex?

9. Is there anything else you think is important for your doctor to know?