## HEALTH HISTORY

Physician's Address		Di	- 1. When you was a wall and a star if	unu hava ar	had any of	the following:		
			ark "Yes" or "No" to indicate if	11				
AIDS	☐ Yes	□ No	Emphysema	☐ Yes	☐ No	Women: Are you pregnant?	☐ Yes	□ No
Alcohol use	☐ Yes	☐ No	Epilepsy/Seizures or Convulsions	☐ Yes	□ No	THE RESERVE OF THE PARTY OF THE	□ 100	
nemia	☐ Yes	☐ No	Fainting or Dizziness	☐ Yes	□ No	Due date	□ V	□ Ne
ngina/Chest Pain	☐ Yes	☐ No	Fever Blisters/Mouth Ulcers	_ 100		Are you nursing?	☐ Yes	□ No
rthritis, Rheumatism	☐ Yes	☐ No	or Canker Sores	☐ Yes	☐ No	Prosthetic Replacement	☐ Yes	□ No
rtificial Heart Valve	☐ Yes	☐ No	Gout	☐ Yes	□ No	Psychiatric Treatment	Yes	□ No
rtificial Joint	☐ Yes	☐ No	Headaches	☐ Yes	□ No	Radiation Treatment	Yes	□ No
sthma	☐ Yes	☐ No	Hearing Problem	☐ Yes	☐ No	Respiratory Disease	☐ Yes	□ No
Back Problem	☐ Yes	☐ No	Heart Murmur	☐ Yes	□ No	Rheumatic Fever	☐ Yes	□ No
Bleeding abnormally, w/		_ N-	Heart Problem	☐ Yes	□ No	Scarlet Fever	Yes	□ No
extractions or surgery	☐ Yes	□ No	Hemophilia	☐ Yes	☐ No	Shortness of Breath	Yes	□ No
Blood Disease	☐ Yes	□ No	Hepatitis Type	☐ Yes	□ No	Sinus Trouble	Yes	□ No
Blood Transfusion	Yes	□ No	Herpes	☐ Yes	□ No	Skin Rash	☐ Yes	□ No
Cancer	Yes	□ No	High Blood Pressure	☐ Yes	□ No	Stroke/TIA	Yes	□ No
Chemical Dependency	Yes	□ No	HIV+	☐ Yes	□ No	Swelling of Feet or Ankles	Yes	□ No
Chemotherapy	Yes	□ No	Jaundice	☐ Yes	□ No	Swollen Neck Glands	Yes	□ No
Circulatory Problem	Yes	□ No		☐ Yes	□ No	Thyroid Problem	Yes	□ No
Cirrhosis	Yes	□ No	Jaw Pain	111200000000000000000000000000000000000		Tobacco use	☐ Yes	□ No
Congenital Heart Lesion	☐ Yes	□ No	Kidney Disease	Yes	□ No	Tuberculosis	☐ Yes	☐ No
Cortisone Treatments	☐ Yes	☐ No	Leukemia	Yes	□ No	Tumor/Growth on Head/Neck	☐ Yes	□ No
Cough, persistent or bloody	☐ Yes	☐ No	Liver Disease	Yes	□ No	Ulcer	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No	Low Blood Pressure	☐ Yes	☐ No	Venereal Disease	☐ Yes	☐ No
Dialysis	☐ Yes	☐ No	Mitral Valve Prolapse	☐ Yes	☐ No	Vision Problem/Glaucoma	- V-	- No
교사이 이 집에서 회에 대답했다면 아이들이 되었다면 하나 아니다 그 모든 사람이 되었다면 하는데 다른데 다른데 되었다면 하는데 하는데 하는데 되었다면 하는데 하는데 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면	☐ Yes	☐ No	Nervous Problem	☐ Yes	☐ No	or Cataract	☐ Yes	□ No
Orug/Alcohol rehabilitation						1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		☐ No
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Drug use (illegal)  List medications you are currently pharmacy's Name	DICA	ATION	15	(Ca	ausing swell arates (Slee	ALLERGIES  ling, rash, hives, itching or difficult Local Anel Penicillin	ulty breath esthetic or other an	ng)
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