## **Medical History**

Yes / No Are you allergic to any medications? What?  Yes / No Have you had prolonged bleeding after any surgery or tooth extraction? Explain:  Yes / No Do you use tobacco products? If yes, what/how often?  Yes / No Do you use recreational drugs? If yes, what/how often?  Yes / No (Women) Are you Pregnant? Due date?  Please CIRCLE if you have or have ever been treated for any of the following conditions:  Cardiovascular/Heart Disease HIV/AIDS Acid Reflux Heart Attack Hepatitis A/B/C (circle one) Arthritis Heart Murmur Sexually Transmitted Disease Autoimmune Disease Mittal Valve Prolapse Asthma Alzheimer's/Dementia Congenital Heart Defect Seasonal Allergies/Hay Fever Epilepsy Artificial Heart Valve Sinus Trouble Seizure or Fainting Spell Stroke Emphysema ADD/ADHD High Blood Pressure Tuberculosis Mental Health Disorder Pace Maker Lung Disease Psychiatric Care Endocarditis Dialysis Osteoporosis Disphosphonate Use	Yes / No Are you allergic to any medications? What? Yes / No Are you allergic to any medications? What? Yes / No Have you had prolonged bleeding after any surgery or tooth extraction? Explain: Yes / No Do you use tobacco products? If yes, what/how often? Yes / No Do you use recreational drugs? If yes, what/how often? Yes / No (Women) Are you Pregnant? Due date?  Please CIRCLE if you have or have ever been treated for any of the following conditions:  Cardiovascular/Heart Disease HIV/AIDS Heart Attack Hepatitis A/B/C (circle one) Herath Murmur Sexually Transmitted Disease Autoimmune Disease Mitral Valve Prolapse Congenital Heart Defect Seasonal Allergies/Hay Fever Sinus Trouble Sinus Trouble Sinus Trouble Sexually Transmitted Disease Atthical Heart Valve Sinus Trouble Sinus Trouble Sexually Transmitted Disease Psychiatric Care Emphysema ADD/ADHD High Blood Pressure Pace Maker Lung Disease Problems Blood Transfusion Liver Disease Blood Transfusion Liver Disease Blood Transfusion Liver Disease Blood Transfusion High/Low Thyroid (circle one) Blood Thinners		DOCTOI		_	
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