

Adult Patient History

<b><u>Please check any that apply:</u></b>	YES	NO	Comment
Head Injury/Car Accident			
Anxiety/Depression			
Arthritis			
Artificial Joints			
Ashtma			
HIV/AIDS			
Stroke? When?			
COPD			
Diabetes			
Renal Disease			
GERD? Med?			
Hearing loss			
Radiation/Chemo TX			
Hypertension? Med?			
Cancer? Type?			
Hyperthyroidism			
Pacemaker?			
Seizures			
Heart Procedures? Bypass?			
Joint Replacement?			
Mastectomy			
Lumpectomy			
Squamous Cell/Basal Cell			
Colectomy			
Gall Bladder removed?			
Prostate Removed?			
Hysterectomy			
Kidney removed?			
Eczema/Psoriasis/Melanoma			
Smoker/Never/quit? When?			
Illicit Drug use?			
<b>Medications:</b>			
1			
2			
3			
4			
<b>Allergies (Seasonal/Meds):</b>			
1			
2			
3			
Blood Thinners?			
MRSA?			