

Have you ever been exposed to Hepatitis? Y N When \_\_\_\_\_  
 HIV Virus? Y N When \_\_\_\_\_  
 AIDS? Y N When \_\_\_\_\_

**MEDICATIONS:**

**NAME AND DOSE**

“Sinus” medications	Never _____	Occ _____	Freq. _____	_____
Nose sprays	Never _____	Occ _____	Freq. _____	_____
Tranquillizers	Never _____	Occ _____	Freq. _____	_____
Sleeping pills	Never _____	Occ _____	Freq. _____	_____
Aspirin (not Tylenol)	Never _____	Occ _____	Freq. _____	_____
Cortisone	Never _____	Occ _____	Freq. _____	_____
Thyroid	Never _____	Occ _____	Freq. _____	_____

Have you ever taken Insulin or tablets for diabetes? Y N

**PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING:** \_\_\_\_\_

**ALLERGIES:**

Are you allergic to: Sulfa Y N  
 Penicillin Y N  
 Aspirin Y N  
 Codeine Y N  
 Morphine Y N  
 Antibiotics Y N Please specify name of antibiotic you are allergic to: \_\_\_\_\_

Please list any other drug allergies: \_\_\_\_\_

Please list any other allergies such as hay fever, etc.: \_\_\_\_\_

Have you ever had allergy testing? Y N If yes, when? \_\_\_\_\_

Have you ever taken allergy shots? Y N If yes, when? \_\_\_\_\_

**FAMILY HISTORY:**

Father’s age \_\_\_\_\_ If deceased, cause of death: \_\_\_\_\_

Mother’s age \_\_\_\_\_ If deceased, cause of death: \_\_\_\_\_

Do any of your blood relatives have: Diabetes? Y N Who? \_\_\_\_\_

Bleeding Disorder? Y N Who? \_\_\_\_\_

Tuberculosis? Y N Who? \_\_\_\_\_

Cancer? Y N Who? \_\_\_\_\_

Inherited Abnormalities? Y N

If yes, please list the abnormality: \_\_\_\_\_

How many children do you have? \_\_\_\_\_ N/A

Please list all ages: \_\_\_\_\_