

MEDICAL HISTORY

NAME _____			PREFERRED NAME _____		
AGE _____	MALE _____	FEMALE _____	BLOOD PRESSURE _____		
YES	NO	LUPUS	YES	NO	MITRAL VALVE PROLAPSE
YES	NO	POSITIVE TEST FOR HIV	YES	NO	ALLERGIC TO DRUGS
YES	NO	HEPATITIS			WHAT _____
YES	NO	STROKE			WHEN _____
YES	NO	ARTHRITIS			_____
YES	NO	DIABETES			_____
YES	NO	IN GOOD HEALTH NOW	YES	NO	ALLERGIC TO FOODS AND POLLEN
YES	NO	EPILEPSY	YES	NO	ALLERGIC TO DENTAL ANESTHETIC
YES	NO	HEART TROUBLE _____			WHAT _____
YES	NO	RHEUMATIC FEVER			WHEN _____
YES	NO	RHEUMATIC HEART DISEASE	YES	NO	TAKING TRANQUILIZERS
YES	NO	HEART MURMER	YES	NO	TAKING STEROIDS
YES	NO	KIDNEY DISEASE	YES	NO	TAKING MEDICATION NOW
YES	NO	LIVER DISEASE			PRESCRIBED _____ DOSAGE _____
YES	NO	TUBERCULOSIS			_____
YES	NO	EMPHYSEMA			_____
YES	NO	HIGH BLOOD PRESSURE			_____
YES	NO	RADIATION THERAPY BY X-RAY			_____
YES	NO	CHEMOTHERAPY			OVER THE COUNTER _____ DOSAGE _____
YES	NO	ULCERS OR STOMACH TROUBLE			_____
YES	NO	ASTHMA			_____
YES	NO	GLAUCOMA			_____
YES	NO	THYROID OR PARATHYROID DISORDER	YES	NO	ANY DRUG DEPENDENCY
YES	NO	CONTACT LENS	YES	NO	AWARE OF RECENT WEIGHT CHANGE
YES	NO	DOES ANYONE IN YOUR FAMILY HAVE	YES	NO	SUBJECT TO FREQUENT URINATION
		DIABETES?	YES	NO	OFTEN THIRSTY
YES	NO	DO YOU BLEED EASILY (FREE BLEEDER)	YES	NO	OFTEN EXHAUSTED OR FATIGUED
YES	NO	DO YOU BRUISE EASILY	YES	NO	SUBJECT TO FREQUENT HEADACHES
YES	NO	ARTIFICIAL JOINT	YES	NO	A NERVOUS PERSON
YES	NO	SURGERY _____	YES	NO	TAKING ANTI-PREGNANCY DRUGS
		_____	YES	NO	PRESENTLY IN MENOPAUSE
		_____	YES	NO	IN POST-MENOPAUSE
YES	NO	ANY SERIOUS ILLNESS NOW? _____	YES	NO	PREGNANT
		_____	YES	NO	NURSING
		_____	YES	NO	SMOKE
		_____	YES	NO	DRINK ALCOHOLIC BEVERAGES

DATE AND REASON FOR LAST PHYSICAL EXAMINATION _____

PRESENTLY UNDER CARE OF DR. _____

FOR TREATMENT OF _____

PHARMACY NAME: _____ PHONE: _____

PHARMACY ADDRESS: _____

PLEASE SIGN TOP LINE:

PATIENT SIGNATURE _____ DATE _____

PATIENT SIGNATURE _____ DATE _____

PATIENT SIGNATURE _____ DATE _____

PATIENT SIGNATURE _____ DATE _____

PATIENT SIGNATURE _____ DATE _____