

MEDICAL ALERT _____

Yes No

1. Are you now under the care of a physician? If so, for what treatment?

2. Have you had any serious illness or operation. Have you ever been hospitalized? If so, what was the illness or operation? _____
3. Are you taking any drugs or medications, vitamins or supplements?

4. Are you allergic or have you had an adverse reaction to any medication such as antibiotics, pain killers, local anesthetic, etc.

5. Do you have or have you had any of the following diseases or problems.
- a) Rheumatic fever or rheumatic heart disease?
- b) Heart murmur?
- c) Artificial heart valve?
- d) Congenital heart lesions?
- e) Cardiovascular disease(e.g. heart trouble, heart attack, high blood pressure, hardening of the arteries, stroke?)
- f) Do you experience shortness of breath or chest pains when taking a walk or climbing stairs?
- g) Asthma, hay fever, skin rash, or allergies?
- h) Fainting spells or seizures (e.g. epilepsy)?
- i) Nervous disorders?
- j) Kidney disease or disorders?
- k) Hepatitis, jaundice, or liver disease?
- l) Endocrine disorders: e.g. thyroid disease?
- m) Diabetes?
- n) Glaucoma?
- o) Lung or breathing disorders? e.g. tuberculosis
- p) Gastrointestinal disease? e.g. ulcers
- q) Bone, muscle, or joint disorders? e.g. arthritis
- r) Cancer?
- s) Radiation or x-ray therapy?
- t) Corticosteroid or steroid therapy?
- u) Artificial joints?
- v) Organ transplant or other medical implant? e.g. A/V shunt.
- w) Venereal disease?
6. Have you ever had abnormal bleeding associated with previous extractions, surgery, or trauma?
7. Do you bruise easily?
8. Do you have any blood disorder?
9. Women- Are you pregnant?
10. Do you have any other disease or problem not listed above you think we should know about? If so, please explain. _____

