



**Have you ever had or have you been told that any of the following pertain to you:**

Condition:	Yes	No	Condition	Yes	No
Mitral Valve Prolapse			Herpes – If yes, Type 1 or 2 (circle)		
Heart murmur			Epilepsy		
High Blood Pressure			Hives/Skin Rash		
Diabetes			Seizures		
Heart Attack – Date:			Anemia		
Cancer - If Yes, Type: _____			Kidney Disease		
HIV/AIDS			Jaundice		
Rheumatic Fever			Asthma		
Hepatitis If yes: A B C (circle)			Hay Fever		
Tuberculosis			STD – If yes, type: _____		
Other (please list) _____					

	Yes	No
Do you have shunts for dialysis or for any other condition?		
Do you bleed for a long time when you cut yourself?		
Do you have frequent or severe headaches?		
Do you have sinus trouble?		
Do you have painful or swollen joints?		
Do you have frequent cold sores or canker sores?		
Do you have complaints about your ears/hearing?		
Do you have frequent colds?		
Have you gained or lost weight in the last few months?		
Has your appetite changed recently?		
Please list any foods that you are allergic to:		
Are you currently or have you taken in the past Bisphosphonate medication (Fosamax, Actonel, Boniva, Aredia, Bonefos, Didronel, Zometa) to treat osteoporosis or as part of cancer treatment therapy? (Medications would include both oral and Intravenous).		

**For Women only:**

Women who take oral contraceptives (birth control pills) should take extra precautions when taking antibiotics because antibiotics can cause failure of birth control pills which can result in pregnancy

	Yes	No
Are you pregnant or suspect that you may be pregnant? If yes, How many weeks: _____		
Are you taking oral contraceptives (birth control pills)?		
If you use other types of birth control medications that are not pills (such as Depo shots), please list: _____		

I have read and understand the above questions. I have answered all of these questions truthfully to the best of my ability and knowledge.

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Patient | Parent or Guardian Signature

\_\_\_\_\_  
Date