MEDICAL HISTORY

YOUR NAME _____ **WEIGHT**_____ **HEIGHT** _____

SURGERY (OPERATIONS):

1. _____
2. _____
3. _____
4. _____

ADMISSIONS TO HOSPITALS:

1. _____
2.
3. _____
4.
5. _____

MEDICATIONS (ANY DRUG OR MEDICATION) YOU TAKE NOW:

1. _____
2. _____
3. _____
4. _____

CONSUMPTION OF THE FOLLOWING:

Aspirin_____ **Amount Daily** _____ **Amount Weekly**_____
Alcohol _____ **Amount Daily** _____ **Amount Weekly** _____
Tobacco _____ **Amount Daily** _____ **Amount Weekly** _____

BLEEDING PROBLEMS: (WITH CUTS? TOOTH EXTRACTIONS? PREGNANCY? SURGERY?)
EXPLAIN:

DIFFICULTIES WITH LOCAL OR GENERAL ANESTHESIA:
EXPLAIN:

FAMILY HISTORY OR CONDITIONS UNDER TREATMENT BY A PHYSICIAN:
EXPLAIN:

FAMILY HISTORY: ANY FAMILY HISTORY OF MEDICAL PROBLEMS OR ILLNESS?
Mother_____ **Father** _____
_____ _____
Sister _____ **Brother** _____
_____ _____