



## MEDICAL HISTORY

Does the patient have any known medical conditions?  YES  NO  
(For example: ADHD, Asthma, Autism, Cerebral Palsy, Diabetes, Epilepsy, Seasonal Allergies, ETC) If YES, what conditions? \_\_\_\_\_  
\_\_\_\_\_

Does the patient have any HEART conditions?  YES  NO  
(For example: Heart Murmur, congenital Heart Defects, ETC)  
If YES, what conditions? \_\_\_\_\_

Does the patient require an ANTIBIOTIC before being seen?  YES  NO  
If YES, did the patient take the antibiotic?  YES  NO

Does the patient have any history of Cancer or Kidney Disease?  YES  NO  
If Yes, please explain: \_\_\_\_\_

Is there any possibility of pregnancy?  YES  NO

### ALLERGIES

Does the patient have an ALLERGY to LATEX?  YES  NO

Does the patient have an ALLERGY to any medications?  YES  NO  
If yes please list \_\_\_\_\_

Does the patient have any OTHER ALLERGIES?  YES  NO  
(For example: Animals, Foods, Nickel, ETC)  
If YES please list: \_\_\_\_\_

### MEDICATIONS

Is the patient currently taking ANY Medications/Vitamins?  YES  NO  
If YES please list: \_\_\_\_\_  
Why is the patient taking this medication (what condition is it for)? \_\_\_\_\_  
\_\_\_\_\_

### SURGERY / HOSPITAL STAY

Has the patient had surgery in the past TWO years?  YES  NO  
If YES, what for? \_\_\_\_\_

Has the patient been HOSPITALIZED in past TWO years?  YES  NO  
If YES, what for? \_\_\_\_\_