					of last visit		-
Have you ever used a bispho	sphonate medica	tion? Common brand na	mes are Fosam	nax, Acto	nel, Atelvia, Didronel, Boniva.	Yes	
Have you ever taken any of t	he group of drugs	collectively referred to a	s "fen-phen?" 7	hese inc	lude combinations of lonimin,	Adipex, F	astin
(brand names of phentermin	e), Pondimin (fenf	luramine) and Redux (de	exfenfluramine).	Yes	□No		
Place a mark on "yes" or "no	" to indicate if you	have had any of the follo	owing:				
AIDS/HIV	☐ Yes ☐ No	Epilepsy	☐ Yes	□ No	Respiratory Disease	Yes	
Anemia	☐ Yes ☐ No	Fainting or dizziness	☐ Yes	□ No	Rheumatic Fever	☐ Yes	
Arthritis, Rheumatism	☐ Yes ☐ No	Glaucoma	☐ Yes	□ No	Scarlet Fever	Yes	□ N
Artificial Heart Valves	☐ Yes ☐ No	Headaches	☐ Yes	□ No	Shortness of Breath	Yes	
Artificial Joints	☐ Yes ☐ No	Heart Murmur	☐ Yes	□ No	Sinus Trouble	☐ Yes	
Asthma	☐ Yes ☐ No	Heart Problems	Yes	□ No	Skin Rash	Yes	
Back Problems	☐ Yes ☐ No	Hepatitis Type	Yes	□ No	Special Diet	Yes	
Bleeding abnormally, with		Herpes	☐ Yes	□ No	Stroke	Yes	□ N
extractions or surgery	☐ Yes ☐ No	High Blood Pressure	Yes	□ No	Swollen Feet or Ankles	Yes	□ N
Blood Disease	☐ Yes ☐ No	Jaundice	Yes	□ No	Swollen Neck Glands	Yes	
Cancer	☐ Yes ☐ No	Jaw Pain	☐ Yes	□ No	Thyroid Problems	☐ Yes	
Chemical Dependency	☐ Yes ☐ No	Kidney Disease	☐ Yes	□ No	Tonsillitis	Yes	□ N
Chemotherapy	☐ Yes ☐ No	Liver Disease		□ No	Tuberculosis	☐ Yes	□ N
Circulatory Problems	☐ Yes ☐ No	Low Blood Pressure	Yes	□ No	Tumor or growth on head		
Congenital Heart Lesions	☐ Yes ☐ No	Mitral Valve Prolapse	Yes	□ No	or neck	Yes	
Cortisone Treatments	☐ Yes ☐ No	Nervous Problems		□No	Ulcer	Yes	
Cough, persistent or bloody	☐ Yes ☐ No	Pacemaker	Yes	□ No	Venereal Disease	Yes	
Diabetes	☐ Yes ☐ No	Psychiatric Care		□ No	Weight Loss, unexplained	Yes	
Emphysema	☐ Yes ☐ No	Radiation Treatment		□ No			
Do you wear contact lenses	? Tyes	□No					
Women: Are you pregnant?		□ No Due date	Tree .		Are you nursing?	Yes	□N
		☐ No Due date ☐ No			Are you nursing?	Yes	□ N
Are you pregnant? Taking birth control pills?	Yes	□ No				Yes	□ N
Are you pregnant? Taking birth control pills?	dication	□ No			Allergies		□ N
Are you pregnant? Taking birth control pills?	dication	□ No	☐ Aspirin				□ N
Are you pregnant? Taking birth control pills? Me List any medications you ar	dication	□ No	☐ Aspirin☐ Barbiturate	es (Sleep	Allergies Local Anesthetic		□ N
Are you pregnant? Taking birth control pills? Me List any medications you ar	dication	□ No	Barbiturate	es (Sleep	Allergies _ Local Anesthetic		N
Are you pregnant? Taking birth control pills? Me List any medications you ar	dication	□ No		es (Sleep	Allergies Local Anesthetic		□ N
Are you pregnant? Taking birth control pills? Me List any medications you ar	dication	□ No	Barbiturate	es (Sleep	Allergies _ Local Anesthetic		
Are you pregnant? Taking birth control pills? Me List any medications you ar	☐ Yes dication e currently taking	No S and the correlating	☐ Barbiturate	es (Sleep	Allergies Local Anesthetic ing pills) Penicillin Sulfa		
Are you pregnant? Taking birth control pills? Me List any medications you ar diagnosis:	☐ Yes dication e currently taking	□ No S and the correlating	☐ Barbiturate ☐ Codeine ☐ Iodine	es (Sleep	Allergies Local Anesthetic ing pills) Penicillin Sulfa		
Are you pregnant? Taking birth control pills? Me List any medications you ar diagnosis: Pharmacy Name	☐ Yes dication e currently taking	□ No S and the correlating	☐ Barbiturate ☐ Codeine ☐ Iodine	es (Sleep	Allergies Local Anesthetic ing pills) Penicillin Sulfa		
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