

Medical History

Please answer the following questions:

Have you ever been hospitalized or had a major operation?	<table border="1" style="border-collapse: collapse; width: 40px; height: 40px;"> <tr><td style="width: 50%; text-align: center;">Y</td><td style="width: 50%; text-align: center;">N</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> </table>	Y	N					Have you ever had a serious head or neck injury?	<table border="1" style="border-collapse: collapse; width: 40px; height: 40px;"> <tr><td style="width: 50%; text-align: center;">Y</td><td style="width: 50%; text-align: center;">N</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> </table>	Y	N					Are you on a special diet?	<table border="1" style="border-collapse: collapse; width: 40px; height: 40px;"> <tr><td style="width: 50%; text-align: center;">Y</td><td style="width: 50%; text-align: center;">N</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> </table>	Y	N				
Y	N																						
Y	N																						
Y	N																						
Do you use tobacco?		Do you drink Alcohol?		Do you use controlled substances?																			

Do you take, or have you taken?

Phen-Fen	<table border="1" style="border-collapse: collapse; width: 40px; height: 40px;"> <tr><td style="width: 50%; text-align: center;">Y</td><td style="width: 50%; text-align: center;">N</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> </table>	Y	N					Redux	<table border="1" style="border-collapse: collapse; width: 40px; height: 40px;"> <tr><td style="width: 50%; text-align: center;">Y</td><td style="width: 50%; text-align: center;">N</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> </table>	Y	N					Fosamax	<table border="1" style="border-collapse: collapse; width: 40px; height: 40px;"> <tr><td style="width: 50%; text-align: center;">Y</td><td style="width: 50%; text-align: center;">N</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> </table>	Y	N				
Y	N																						
Y	N																						
Y	N																						
Actonel		Any other medications containing bisphosphonate																					

During the past 12 months, have you taken any of the following?

Antibiotics or sulfa drugs	<table border="1" style="border-collapse: collapse; width: 40px; height: 40px;"> <tr><td style="width: 50%; text-align: center;">Y</td><td style="width: 50%; text-align: center;">N</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> </table>	Y	N					Anticoagulants (e.g., Coumadin)	<table border="1" style="border-collapse: collapse; width: 40px; height: 40px;"> <tr><td style="width: 50%; text-align: center;">Y</td><td style="width: 50%; text-align: center;">N</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> </table>	Y	N					High blood pressure medicine	<table border="1" style="border-collapse: collapse; width: 40px; height: 40px;"> <tr><td style="width: 50%; text-align: center;">Y</td><td style="width: 50%; text-align: center;">N</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> </table>	Y	N				
Y	N																						
Y	N																						
Y	N																						
Tranquilizers		Insulin, Orinase, or similar drug		Aspirin																			
Digitalis or drugs for heart trouble		Nitroglycerin		Cortisone (steroids)																			
Natural remedies		Nonprescription drug/supplements																					

Are you taking any medications, pills, or drugs not listed above? Yes/No If Yes

Women: Are you...

Pregnant/Trying to get pregnant?
 Nursing?
 Taking oral contraceptives?
 Have you reached menopause?

Are you allergic to any of the following?

Aspirin Penicillin Codeine Acrylic
 Metal Latex Sulfa Drugs Local Anesthetics
 Barbiturates, sedatives, or sleeping pills

Other Allergies? Yes/No If Yes

Do you have, or have you had, any of the following?

AIDS/HIV Positive	<table border="1" style="border-collapse: collapse; width: 40px; height: 40px;"> <tr><td style="width: 50%; text-align: center;">Y</td><td style="width: 50%; text-align: center;">N</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> </table>	Y	N					Cortisone Medicine	<table border="1" style="border-collapse: collapse; width: 40px; height: 40px;"> <tr><td style="width: 50%; text-align: center;">Y</td><td style="width: 50%; text-align: center;">N</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> </table>	Y	N					Hemophilia	<table border="1" style="border-collapse: collapse; width: 40px; height: 40px;"> <tr><td style="width: 50%; text-align: center;">Y</td><td style="width: 50%; text-align: center;">N</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> </table>	Y	N					Radiation Treatments	<table border="1" style="border-collapse: collapse; width: 40px; height: 40px;"> <tr><td style="width: 50%; text-align: center;">Y</td><td style="width: 50%; text-align: center;">N</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> </table>	Y	N				
Y	N																														
Y	N																														
Y	N																														
Y	N																														
Alzheimer's Disease		Diabetes		Hepatitis A		Recent Weight Loss																									
Anaphylaxis		Drug Addiction		Hepatitis B or C		Renal Dialysis																									
Anemia		Easily Winded		Herpes		Rheumatic Fever																									
Angina		Emphysema		High Blood Pressure		Rheumatism																									
Arthritis/Gout		Epilepsy or Seizures		High Cholesterol		Scarlet Fever																									
Artificial Heart Valve		Excessive Bleeding		Hives or Rash		Shingles																									
Artificial Joint		Excessive Thirst		Hypoglycemia		Sickle Cell Disease																									
Asthma		Fainting Spells/Dizziness		Irregular Heartbeat		Sinus Trouble																									
Blood Disease		Frequent Cough		Kidney Problems		Spina Bifida																									
Blood Transfusion		Frequent Diarrhea		Leukemia		Stomach/Intestinal Disease																									
Breathing Problems		Frequent Headaches		Liver Disease		Stroke																									
Bruise Easily		Genital Herpes		Low Blood Pressure		Swelling of Limbs																									
Cancer		Glaucoma		Lung Disease		Thyroid Disease																									
Chemotherapy		Hay Fever		Mitral Valve Prolapse		Tonsillitis																									
Chest Pains		Heart Attack/Failure		Osteoporosis		Tuberculosis																									
Cold Sores/Fever Blisters		Heart Murmur		Pain in Jaw Joints		Tumors or Growths																									
Congenital Heart Disorder		Heart Pacemaker		Parathyroid Disease		Ulcers																									
Convulsions		Heart Trouble/Disease		Psychiatric Care		Venereal Disease																									
Yellow Jaundice		Shortness of Breath		Skin rashes		Weight Gain or Loss																									
Taking Heart Medication		Taking Allergy Medication		Back or Neck Pain		Frequent Nose Bleeds																									
Premedication Required by Physician		Wear Contact lenses																													

Do you have or have you ever had any disease, condition or problem not listed above, that you feel we should know about?

If yes, Please explain here: _____

**I authorize Dr. Nima Foroutan & Auxiliaries to perform any necessary services needed during diagnosis and treatment. I also understand that specific procedures are delegated to qualified auxiliaries. I also authorize the provider to release any information required to process insurance claims. I understand the above information and guarantee this form was completed correctly to the best of my knowledge and understand it is my responsibility to inform this office of any changes to the information I have provided.

Signature of Patient, Parent or Guardian: _____