ИRN:				
	M	ledical History		
Past Medical History (C	ircle all that apply)			
Anxiety	COPD	Hepatitis	Luna	Cancer
Arthritis	Coronary Artery Diseas	•	_	phoma
Asthma	Depression	HIV/AIDS		tate Cancer
Atrial Fibrillation	Diabetes	Hypercholestero		ation Treatment
BPH	End Stage Renal Disea	• •	Seizı	
Breast Cancer	GERD	Hypothyroidism	Strok	
Colon Cancer	Hearing Loss	Leukemia		r:
	Treating 2000		Othe	
Skin History (Circle all t				
Acne	Blistering Sunburns	Hay Fever or Alle	ergies Psori	asis
Actinic Keratosis	Dry Skin	Melanoma	•	mous Cell Carcinoma
Asthma	Eczema	Poison Ivy		r:
Basal Cell Carcinoma		Precancerous Mo		
	? YES NO SPF:		of Skin Cancer?	res no
-				
•	ase Circle): BASAL CELL		MELANOMA	UNKNOWN
ii 1E5, willcli type: (Fie				UNKINOWIN
			\cap	
Are you currently taking	g any medications? YES	(Please List) N	O	
Are you currently taking	g any medications? YES	(Please List) N		
Are you currently taking	g any medications? YES	(Please List) N		
Are you currently taking	g any medications? YES	(Please List) N		
Are you currently taking	g any medications? YES	(Please List) N		
Are you currently taking Are you allergic to any r			NO	
Are you allergic to any r	medications? YES	(Please list)	NO	/
Are you allergic to any r	medications? YES	(Please list)	NO Flu Shot:	
Are you allergic to any relations (Month/Ye Alcohol Usage (Please C	medications? YES ear Received): Pneum Circle): NONE	(Please list) onia:/_ LESS THAN 1 PER DAY	Flu Shot:	3+PER DAY
Are you allergic to any r	medications? YES ear Received): Pneum Circle): NONE	(Please list) onia:/_ LESS THAN 1 PER DAY	Flu Shot:1-2 PER DAY	
Are you allergic to any review of the second status (Please Company) Smoking Status (Please Company)	medications? YES ear Received): Pneum Circle): NONE Circle): EVERY DAY	(Please list) onia:/_ LESS THAN 1 PER DAY	Flu Shot:	3+PER DAY
Are you allergic to any review of the second	medications? YES ear Received): Pneum Circle): NONE Circle): EVERY DAY u currently have (ROS):	(Please list) onia:/_ LESS THAN 1 PER DAY	Flu Shot:	3+PER DAY
Are you allergic to any revisions (Month/Ye Alcohol Usage (Please C Smoking Status (Please Please circle any that yo High Blood Pressure	medications? YES ear Received): Pneum Circle): NONE Circle): EVERY DAY u currently have (ROS): Thyroid Problems	(Please list) N onia:/_ LESS THAN 1 PER DAY SOME DAYS FORM	Flu Shot: 1-2 PER DAY MER SMOKER	3+PER DAY NEVER SMOKER Muscle weakness
Vaccinations (Month/Ye Alcohol Usage (Please C Smoking Status (Please Please circle any that yo High Blood Pressure Chest Pain	medications? YES Par Received): Pneum Circle): NONE Circle): EVERY DAY u currently have (ROS): Thyroid Problems Anemia	(Please list) onia:/_ LESS THAN 1 PER DAY SOME DAYS FORM Asthma/Hay Fever Emphysema	Flu Shot: 1-2 PER DAY MER SMOKER Rash Immunosuppress	3+PER DAY NEVER SMOKER Muscle weakness
Are you allergic to any revolutions (Month/Yer Alcohol Usage (Please Common Status (Please Please circle any that you high Blood Pressure Chest Pain Heart Attack	medications? YES ear Received): Pneum Circle): NONE Circle): EVERY DAY u currently have (ROS): Thyroid Problems Anemia Blood transfusion	(Please list) onia:/_ LESS THAN 1 PER DAY SOME DAYS FORM Asthma/Hay Fever Emphysema Malaise (Feel Sick)	Flu Shot: 1-2 PER DAY MER SMOKER Rash Immunosuppress Night sweats	3+PER DAY NEVER SMOKER Muscle weakness sion Neck stiffness Seizures
Are you allergic to any revocinations (Month/Ye Alcohol Usage (Please C Smoking Status (Please Please circle any that yo High Blood Pressure Chest Pain Heart Attack Shortness of breath	medications? YES Par Received): Pneum Circle): NONE Circle): EVERY DAY u currently have (ROS): Thyroid Problems Anemia Blood transfusion Cancer	(Please list) onia:/ LESS THAN 1 PER DAY SOME DAYS FORM Asthma/Hay Fever Emphysema Malaise (Feel Sick) Fever or Chills	Flu Shot: 1-2 PER DAY MER SMOKER Rash Immunosuppress Night sweats Sore throat	3+PER DAY NEVER SMOKER Muscle weakness sion Neck stiffness Seizures Cough
Are you allergic to any revolutions (Month/Ye Alcohol Usage (Please C Smoking Status (Please Please circle any that yo High Blood Pressure Chest Pain Heart Attack Shortness of breath Stroke	medications? YES Par Received): Pneum Circle): NONE Circle): EVERY DAY u currently have (ROS): Thyroid Problems Anemia Blood transfusion Cancer Multiple Sclerosis (Numb)	(Please list) onia:/ LESS THAN 1 PER DAY SOME DAYS FORM Asthma/Hay Fever Emphysema Malaise (Feel Sick) Fever or Chills Headache	Flu Shot: 1-2 PER DAY MER SMOKER Rash Immunosuppress Night sweats Sore throat Blurry Vision	3+PER DAY NEVER SMOKER Muscle weakness sion Neck stiffness Seizures Cough Wheezing
Are you allergic to any revolutions (Month/Yealcohol Usage (Please Canada Smoking Status (Please Please circle any that yoa High Blood Pressure Chest Pain Heart Attack Shortness of breath Stroke Unintentional Weight Los	medications? YES Par Received): Pneum Circle): NONE Circle): EVERY DAY u currently have (ROS): Thyroid Problems Anemia Blood transfusion Cancer Multiple Sclerosis (Numb) s Lupus	(Please list) onia:/ LESS THAN 1 PER DAY SOME DAYS FORM Asthma/Hay Fever Emphysema Malaise (Feel Sick) Fever or Chills Headache Problems with bleeding	Flu Shot: 1-2 PER DAY MER SMOKER Rash Immunosuppress Night sweats Sore throat Blurry Vision Abdominal Pain	3+PER DAY NEVER SMOKER Muscle weakness sion Neck stiffness Seizures Cough
Are you allergic to any revolutions (Month/Yet Alcohol Usage (Please Common Status (Please Common Status (Please Common Status (Please Chest Pain Heart Attack Shortness of breath Stroke Unintentional Weight Los Depression	medications? YES Par Received): Pneum Circle): NONE Circle): EVERY DAY u currently have (ROS): Thyroid Problems Anemia Blood transfusion Cancer Multiple Sclerosis (Numb) s Lupus Arthritis/Muscle Pain	(Please list) onia:/ LESS THAN 1 PER DAY SOME DAYS FORM Asthma/Hay Fever Emphysema Malaise (Feel Sick) Fever or Chills Headache Problems with bleeding Problems with healing	Flu Shot: 1-2 PER DAY MER SMOKER Rash Immunosuppress Night sweats Sore throat Blurry Vision Abdominal Pain Bloody Stool	3+PER DAY NEVER SMOKER Muscle weakness sion Neck stiffness Seizures Cough Wheezing
Are you allergic to any revolutions (Month/Yealcohol Usage (Please Canada Smoking Status (Please Please circle any that yoa High Blood Pressure Chest Pain Heart Attack Shortness of breath Stroke Unintentional Weight Los Depression Diabetes	medications? YES Par Received): Pneum Circle): NONE Circle): EVERY DAY u currently have (ROS): Thyroid Problems Anemia Blood transfusion Cancer Multiple Sclerosis (Numb) s Lupus Arthritis/Muscle Pain Rheumatic Disease	(Please list) onia:/ LESS THAN 1 PER DAY SOME DAYS FORM Asthma/Hay Fever Emphysema Malaise (Feel Sick) Fever or Chills Headache Problems with bleeding Problems with healing Problems with scarring	Flu Shot: 1-2 PER DAY MER SMOKER Rash Immunosuppress Night sweats Sore throat Blurry Vision Abdominal Pain Bloody Stool Bloody Urine	3+PER DAY NEVER SMOKER Muscle weakness sion Neck stiffness Seizures Cough Wheezing Anxiety
Are you allergic to any revolutions (Month/Yealcohol Usage (Please Canonic Smoking Status (Please Please circle any that you high Blood Pressure Chest Pain Heart Attack Shortness of breath Stroke Unintentional Weight Los Depression Diabetes Artificial joints	medications? YES Par Received): Pneum Circle): NONE Circle): EVERY DAY u currently have (ROS): Thyroid Problems Anemia Blood transfusion Cancer Multiple Sclerosis (Numb) s Lupus Arthritis/Muscle Pain Rheumatic Disease Tuberculosis	(Please list) onia:/ LESS THAN 1 PER DAY SOME DAYS FORM Asthma/Hay Fever Emphysema Malaise (Feel Sick) Fever or Chills Headache Problems with bleeding Problems with healing Problems with scarring Kidney problems	Flu Shot: 1-2 PER DAY MER SMOKER Rash Immunosuppress Night sweats Sore throat Blurry Vision Abdominal Pain Bloody Stool Bloody Urine Blood thin	3+PER DAY NEVER SMOKER Muscle weakness sion Neck stiffness Seizures Cough Wheezing Anxiety
Are you allergic to any respectively. Vaccinations (Month/Yease) Alcohol Usage (Please) Smoking Status (Please) Please circle any that you high Blood Pressure Chest Pain Heart Attack Shortness of breath Stroke Unintentional Weight Lose Depression Diabetes Artificial joints Artificial heart valve	medications? YES Par Received): Pneum Circle): NONE Circle): EVERY DAY u currently have (ROS): Thyroid Problems Anemia Blood transfusion Cancer Multiple Sclerosis (Numb) s Lupus Arthritis/Muscle Pain Rheumatic Disease Tuberculosis AIDS/HIV	(Please list) onia:/ LESS THAN 1 PER DAY SOME DAYS FORM Asthma/Hay Fever Emphysema Malaise (Feel Sick) Fever or Chills Headache Problems with bleeding Problems with healing Problems with scarring Kidney problems Allergy to Lidocaine	Flu Shot: 1-2 PER DAY MER SMOKER Rash Immunosuppress Night sweats Sore throat Blurry Vision Abdominal Pain Bloody Stool Bloody Urine Blood thin MRSA	3+PER DAY NEVER SMOKER Muscle weakness sion Neck stiffness Seizures Cough Wheezing Anxiety
Are you allergic to any revisions (Month/Ye Alcohol Usage (Please C Smoking Status (Please Please circle any that yo High Blood Pressure	medications? YES Par Received): Pneum Circle): NONE Circle): EVERY DAY u currently have (ROS): Thyroid Problems Anemia Blood transfusion Cancer Multiple Sclerosis (Numb) s Lupus Arthritis/Muscle Pain Rheumatic Disease Tuberculosis AIDS/HIV Hepatitis B or C	(Please list) onia:/ LESS THAN 1 PER DAY SOME DAYS FORM Asthma/Hay Fever Emphysema Malaise (Feel Sick) Fever or Chills Headache Problems with bleeding Problems with healing Problems with scarring Kidney problems	Flu Shot: 1-2 PER DAY MER SMOKER Rash Immunosuppress Night sweats Sore throat Blurry Vision Abdominal Pain Bloody Stool Bloody Urine Blood thin MRSA Rapid hea	3+PER DAY NEVER SMOKER Muscle weakness sion Neck stiffness Seizures Cough Wheezing Anxiety