

Medical History

Please Check All That Apply

Gout	Hearing Issues
Heart Disease	Kidney Disease
Kidney Infection	Yellow Jaundice
Hepatic Disease	Tuberculosis
CA-Liver	GERD
Gall Stones	Seizure Disorder
Rheumatic Fever	Glaucoma
Arthritis	Diabetes
Fibromyalgia	Hyperlipidemia
Hypertension	Sleep Apnea
Kidney Stones	Bleeding Disorders
COPD	If so, do you take blood thinners?
Cirrhosis	Inflammatory Disorders:
Anemia	Rheumatoid Arthritis
Thyroid Disease	Psoriasis
Degenerative Joint Disease	Lupus

Other illnesses or diseases that are not listed? Please describe:

Family History

Diabetes	Abnormal Bleeding Tendencies
Heart Disease	Rheumatoid Arthritis
Anesthetic Complications	Osteoarthritis
Cancer, Type:	Gout

Social History

Approximate Weight: _____ lbs.	Height: _____	Shoe Size: _____
Occupation: _____	# of years: _____	Job Duties: _____
Are you (check one) Right Handed _____ Left Handed _____		
	Yes	No
Do you smoke?	Past	Explain: _____
Do you consume alcohol?		# of packs per day _____ # of years _____
Is there a history of alcohol abuse?		How many drinks per week? _____
Is there a history of drug abuse?		
Do you use recreational drugs?		List type and frequency _____
Do you use smokeless tobacco/E-Cig		How often? _____