MEDICAL HISTORY

Ne you ever had a serious head or neck injury? Yes No If yes, please explain: Have you ever had a serious head or neck injury? Yes No If yes, please explain: Are you taking any medications, pills, or drugs? Yes No If yes, please explain: Do you take, or have you taken, Phen-Fen or Redux? Yes No Are you on a special diet? Yes No Do you use tobacco? Yes No Do you use controlled substances? Yes No Pregnant/Trying to get pregnant? Nursing? Taking oral contraceptives? Are you allergic to any of the following? Aspirin Penlicillin Codeine Acrylic Metal Latex Local Anesthetics Other If yes, please explain: Do you have, or have you had, any of the following? AlbShirler's Disease Cod Sores/Fever Bilisters Contrait Herpes Kidney Problems Singles Anaphylaxis Congenital Heart Disorder Galacoma Leukemia Sciela Gell Disease Anaphylaxis Congenital Heart Disorder Galacoma Leukemia Sciela Gell Disease Anaphylaxis Congenital Heart Disorder Heart Attack/Failure Low Blood Pressure Sinua Trouble Asthmics/Gout Joint Saily Winded Heart Murrur Lung Disease Stonee/Infriestinal Disease Storie Asthmics Swelling of Limbs Swelling of Limbs Swelling of Limbs Pengheyer of Sicures Heart Benghesian Penghis Penghesia Penghis Pen	Are you	under a physician's care now?	Yes No If yes, plea	see evalain:	
Have you ever had a serious head or neck injury? Yes No If yes, please explain: Are you taking any medications, pills, or drugs? Yes No Do you take, or have you taken, Phen-Fen or Redux? Yes No Do you use tobacco? Yes No Do you had, any of the following? Are you allergic to any of the following? Aspirin Penicillin Codeine Acrylic Metal Latex Local Anesthetics Other If yes, please explain: Do you have, or have you had, any of the following? AlDS/HIV Positive Chest Pains Frequent Headaches Irregular Heartbeat Scarlet Fever Strike Problems Shingles Alanghylaxis Congenital Heart Disorder Gaucoma Leukemia Stoke Cell Disease Anemia Convulsions Hay Fever Liver Disease Stoke Disease Anemia Convulsions Hay Fever Liver Disease Stomach Intrestinal Disease Artificial Heart Yalve Orga Addiction Heart Attack/Falmer Low Blood Pressure Spina Bifdia Artificial Heart Yalve Orga Addiction Heart Attack/Falmer Low Blood Pressure Spina Bifdia Artificial Joint Easily Winded Heart Trouble/Disease Thyroid Disease Storber Thyroid Disease Spina Bifdia Biolod Disease Enabley Fellows Fellows Third Herps Recent Weight Loss Tumors or Growths Biolod Disease Enabley Fellows Herps Recent Weight Loss Tumors or Growths Biolod Disease Sealily Fellows Herps Recent Weight Loss Tumors or Growths Biolod Disease Sealily Fellows Herps Recent Weight Loss Tumors or Growths Biolad Disease Sealily Fellows Herps Recent Weight Loss Tumors or Growths Biolad Disease Sealily Fellows Herps Recent Weight Loss Tumors or Growths Biolad Disease Sealily Fellows Herps Recent Weight Loss Tumors or Growths Biolad Disease Sealily Fellows Herps Recent We					
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Do you use controlled substances? Yes No					
Taking oral contraceptives? Are you allergic to any of the following? Aspirin Penicillin Codeine Acrylic Metal Latex Local Anesthetics Other If yes, please explain: Do you have, or have you had, any of the following? AlDS/HIV Positive Chest Pains Frequent Headaches Kidney Problems Shingles Alzheimer's Disease Cold Sores/Fever Blisters Genital Herpes Kidney Problems Shingles Anaphylaxis Congenital Heart Disorder Glaucoma Leukemia Sckle Cell Disease Anemia Convulsions Hay Fever Liver Disease Sinus Trouble Angina Contisone Medicine Heart Atlack/Failure Low Blood Pressure Spina Biffda Arthritic/Gout Diabetes Heart Murmur Lung Disease Stomact/Intestinal Disease Arthritical Heart Valve Drug Addiction Heart Artouble/Disease Pain in Jaw Joints Swelling of Limbs Arthritical Joint Easily Winded Heart Trouble/Disease Pain in Jaw Joints Swelling of Limbs Blood Disease Epilepsy or Seizures Hopatits A Psychiatric Care Tonsilitis Blood Transfusion Excessive Bleeding Heartitis Droce Recent Weight Loss Tumors or Growths Bruise Easily Frequent Diarrhea Hypoglycemia Renal Dialysis Uicers Gencer Frequent Cough Hives or Rash Reumatis Fever Venereal Disease Have you ever had any serious illness not listed above? Yes No If yes, please explain: To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be		6		omen: Are you	
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