



MEDICAL HISTORY

Does the patient have any known medical conditions? YES NO
(For example: ADHD, Asthma, Autism, Cerebral Palsy, Diabetes, Epilepsy, Seasonal Allergies, ETC) If YES, what conditions? _____

Does the patient have any HEART conditions? YES NO
(For example: Heart Murmur, congenital Heart Defects, ETC)
If YES, what conditions? _____

Does the patient require an ANTIBIOTIC before being seen? YES NO
If YES, did the patient take the antibiotic? YES NO

Does the patient have any history of Cancer or Kidney Disease? YES NO
If Yes, please explain: _____

Is there any possibility of pregnancy? YES NO

ALLERGIES

Does the patient have an ALLERGY to LATEX? YES NO

Does the patient have an ALLERGY to any medications? YES NO
If yes please list _____

Does the patient have any OTHER ALLERGIES? YES NO
(For example: Animals, Foods, Nickel, ETC)
If YES please list: _____

MEDICATIONS

Is the patient currently taking ANY Medications/Vitamins? YES NO
If YES please list: _____
Why is the patient taking this medication (what condition is it for)? _____

SURGERY / HOSPITAL STAY

Has the patient had surgery in the past TWO years? YES NO
If YES, what for? _____

Has the patient been HOSPITALIZED in past TWO years? YES NO
If YES, what for? _____