MEDICAL HISTORY

Patient Name			Nickn	iame _				_ Ag	ge				_
Name of Physician/and their specialty													
Most recent physical examination													
What is your estimate of your general health?		Exc	cellent		Good		Fair		Poo	r			
DO YOU HAVE or HAVE YOU EVER HAD:	YES	NO)								,	YES	NO
1. hospitalization for illness or injury 2. an allergic or bad reaction to any of the following:			27. ar 28. au (e. 29. gl; 30. cc 31. he 32. ep 33. ne 34. vii 35. ar 36. hi 37. ST 38. he	utoimmui, g. rheuma aucoma ontact len ead or ne oilepsy, cc eurologic ral infecti ny lumps oves, skin i TI/STD/HF epatitis (ty	s (e.g. bis gout ne diseas atoid arth ck injurie onvulsion disorder ons and o or swellin rash, hay ev ype	ssphosph se nritis, lup es ns (seizu rs (ADD cold so ng in th v fever)	ures) /ADHD, res e moutl	oderma prion (a)				
3. heart problems, or cardiac stent within the last six months		0000000000	40. tu 41. ra 42. ch 43. er 44. ps 45. cc 46. ali 47. sp	radiation therapy chemotherapy, immunosuppressive medication emotional difficulties psychiatric treatment or antidepressant medication concentration problems or ADD/ADHD diagnosis									
 13. pneumonia, emphysema, shortness of breath, sarcoidosis 14. chronic ear infections, tuberculosis, measles, chicken pox 15. breathing problems (e.g. asthma, stuffy nose, sinus congestion) 	Ō		48. pr	48. presently being treated for any other illness49. aware of a change in your health in the last 24 hours									
16. sleep problems (e.g. sleep apnea, snoring, insomnia, restless sleep, bedwetting)	000000000	0000000000	(e 50. ta 51. ta 52. of 53. ex 54. as 55. cc 56. of 57. ta 58. cu 59. di	g., fever, c king med king dieta ten exhal cperiencir smoker, s onsidered ten unha king birth urrently pl agnosed	chills, new dication for ary suppl usted or ng freque moked p l a touch appy or d a control regnant with a pr	v cough, or weige lement fatigue ent hea oreviou y/sensi lepressi pills rostate	, or diarri	nea) ageme or chro se smo son _	ent	n obacco _		00000	
dental treatment. (i.e. Botox, Collagen Injections)			-		-						-	-	
List all medications, supplement	ts, and	d or	vitamins	taken v	within	the la	st two	years	;				
Drug Purpose													<u> </u>
PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN													
Patient's Signature								Dat	te				
Doctor's Signature								Dat	te				

© 2019 Kois Center, LLC www.koiscenter.com

ASA ___