

Signature of Patient, Parent, or Guardian

MEDICAL HISTORY

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive.

Thank you for answering the following questions.

3030 49th Street South Fargo, ND 58104 (701) 237.3583 P (701) 237.4159 F www.cstonedentalfargo.com

Date

Alzheimer's Disease Yes O No Anaphylaxis Yes O No Anaphylaxis Yes O No Anemia Yes O No Anemia Yes O No Anemia Yes O No Angina Yes O No Angina Yes O No Arthritis/Gout	atient Name:					Birth Do	ate:	
Are you ever had a serious head or neck injury? Are you taking any medications, pills, or drugs? Oyes O No If yes, please explain: Oyes O No If yes, plea	Are you under a p	hysician's care	e now?	O Yes	O No If yes, please e	xplain:		
Are you take, or have you taken, Phen-Fen or Redux? Or you take, or have you taken, Phen-Fen or Redux? Or you sever taken, Fosamax, Boniva, Actonel or any Or you sever taken, Fosamax, Boniva, Actonel or any Or yes O No If yes, please explain: Or yes O No If yes O No No If yes O No No If yes O No If yes	lave you ever be	en hospitalized	d or had a major opera	ation? O Yes	O No If yes, please e	xplain:		
Allergies: Allerg	lave vou ever ha	d a serious hed	ad or neck injury?	O Yes	O No If ves, please e	xplain:		
Do you take, or have you taken, Phen-Fen or Redux? O Yes O No If yes, please explain: O yes O No If yes, please explain: O you ou a special dief? O yes O No If yes, please explain: O you ou se tabacco? O yes O No If yes, please explain: O you ou se tabacco? O yes O No If yes, please explain: O you ou se tabacco? O yes O No If yes, please explain: O yes O No If yes, please explain: O you ou se tabacco? O yes O No If yes, please explain: O yes O No If yes O No If yes O No Interplain Interplain Interplain Interplain Interplain Interplain Interplain Inte								
Corporation of the following: Allergies: O you have, or have you had, any of the following: If yes, please explain: O you have, or have you had, any of the following: O you have, or have you had, any of the following: O you have, or have you had, any of the following: Albehamis Disease or yes on to have you had, any of the following: O you have, or had have you had, any o								
Are you on a special diet? Or you use tobacca? Or you use tobacca? Or you use controlled substances? Or you get you g	o you take, or ho	ave you taken,	Phen-Fen or Redux?	O Yes	O No It yes, please e	xplain:		
Are you on a special dief? O you use tobacco? O you use controlled substances? O yes O No If yes, please explain: O yes O No If	łave you ever tak	en, Fosamax,	Boniva, Actonel or any	O Yes	O No If yes, please e	xplain:		
O you use tobacco? O you use controlled substances? O Yes O No If yes, please explain: O you use controlled substances? O Yes O No If yes, please explain: O Yes O No If yes, please explain: O Yes O No Nursing? O Yes O No Allergies: We you allergic to any of the following: O Asprin O Penicillin O Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Dru. O Other: If yes, please explain: O You have, or have you had, any of the following: O You have, or have you had	other medication	containing bisp	phosphonates?					
O you use tobacco? O you use controlled substances? O Yes O No If yes, please explain: O you use controlled substances? O Yes O No If yes, please explain: O Yes O No If yes, please explain: O Yes O No Nursing? O Yes O No Allergies: If yes, please explain: O Yes O No Nursing? O Yes O No Allergies: If yes, please explain: O You have, or have you had, any of the following: O You have, or have you had, any of the followin	Are you on a spec	cial diet?		O Yes	O No If yes, please e	xplain:		
Or you use controlled substances? O Yes O No If yes, please explain: Organant/Trying to get pregnant? O Yes O No Taking Oral Contraceptives? O Yes O No Nursing? O Yes O No Allergies: Oral of the following: O Asprin O Penicillin O Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Dru. O Other: If yes, please explain: O You have, or have you had, any of the following: O You have, or have you had, any of the following: O You have, or have you had, any of the following: O You have, or have you had, any of the following: O Yes O No Diobetes O Yes O No								
Pregnant/Trying to get pregnant? Yes O No Taking Oral Contraceptives? Yes O No Nursing? Yes O No Allergies: The you allergic to any of the following: Asprin O Penicillin O Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Dru. O Other:	•		0			·		
Allergies: Allerg	o you use contro	ollea substance	es¢	O Yes	O No It yes, please e.	xpiain:		
Allergies: Are you allergic to any of the following: Asprin O Penicillin O Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Drudon Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Drudon Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Drudon Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Drudon Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Drudon Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Drudon Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Drudon Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Drudon Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Drudon Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Drudon Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Drudon Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Drudon Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Drudon Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Drudon Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Drudon Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Drudon Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Drudon Codeine O Acrylic O Metal O Latex O Local Anesthetics O Sulfa Drudon Codeine O Acrylic O Metal O Latex O Local Anesthetics O Acrylic O Metal O Latex O Local Anesthetics O Acrylic O Metal O Latex O Local Anesthetics O Acrylic O Metal O Latex O Local Anesthetics O Acrylic O Metal O Latex O Local Anesthetics O Acrylic O Metal O Latex O Local Anesthetics O Acrylic O Metal O Local Anesthetics O Latex O Metal O Local Anesthetics O Latex O Metal O Local Anesthetics O Local Anesth	omen: Are	You						
Allergies: Allergies: O Other: If yes, please explain:	Pregnant/Trying to	get pregnant	? ○ Yes ○ No Takin	g Oral Contro	aceptives? O Yes O N	lo Nursing?	O Yes O No	
Arterioris / Sou No Anaphylaxis								
D'Other: If yes, please explain:	Allergies:							
D'Other: If yes, please explain:	re vou alleraic to	any of the follo	owing: O Asprin O Pe	nicillin O Coo	deine O Acrylic O Me	etal O Latex () Local Anesthetics (Sulfa Druc
AlDS/HIV Positive AlDS/HIV Positive AlDS/HIV Positive Alzheimer's Disease Yes O No Anaphyloxis Yes O No Diabetes Yes O No Anaphyloxis Yes O No Drug Addiction Yes O No Anaphyloxis Yes O No Anemia Yes O No Easily Winded Yes O No Emphysema Yes O No Emphysema Yes O No Excessive Biseeding Yes O No Bisod Disease Yes O No Frequent Cough Frequent Cough Frequent Diarrhea Yes O No Bisod Disease Yes O No Bisod Disease Yes O No Frequent Headaches Yes O No Genital Herpes Yes O No Hoy Fever Yes O No Heart Maturmur Yes O No Radiotion Treatments Yes O No Recent Weight Loss Yes O No Yes O No Recent Weight Loss	no yee allergie re	arry or me rom	Oming. 973pini 910		donio o noi y no o mi		2 LOCAL / II IOSII IO II CS	Jona Dio
AIDS/HIV Positive Yes O No Alzheimer's Disease Yes O No Diobetes Yes O No Alzheimer's Disease Yes O No Anaphylaxis Nemphylaxis Yes O No Anaphylaxis Nemphylaxis Yes O No Anaphylaxis Nemphylaxis Yes O No Anthrital Persure Yes O No Anthrital								
AIDS/HIV Positive Yes O No Cortisone Medicine Yes O No Alzheimer's Disease Yes O No Diabetes Oyes O No Anaphylaxis Oyes O No Drug Addiction Oyes O No Anaphylaxis Oyes O No Easily Winded Yes O No Anaphylaxis Oyes O No Easily Winded Oyes O No Hepatitis A Oyes O No Hepatitis A Oyes O No) Other:	If yes	s, please explain:					
Albehimer's Disease Yes O No Anaphyloxis Anaphyloxis Yes O No Broughyloxind	Other:	If yes	s, please explain:					
Altheriner's Disease Ores O No Anaphylaxis Ores O No Anaphylaxis Ores O No Anaphylaxis Ores O No Easily Winded Ores O No Enphysema Ores O No Enphysema Ores O No Enphysema Ores O No Enphysema Ores O No Excessive Bleeding Ores O No Artificial Joint Ores O No Excessive Bleeding Ores O No Excessive Thirst Ores O No Escessive Thirst Ores O No Escessive Thirst Ores O No Escessive Blood Transfusion Ores O No Erequent Cough Ores O No Erequent Diarrhea Ores O No Enphysema Ores O No Excessive Bleeding Ores O No Excessive Thirst Ores O No Escessive Bleeding Ores O No Iregular Heartbeat Ores O No Scride Fever Ores O No Scride Fever Ores O No Sinus Trouble Ores O No Sinus Tr								
Anaphiyoxas	o you have,	or have y	vou had, any of	f the follo	owing:	○ Yes ○ No		○ Yes ○ No
Angina Ores O No Emphysema Ores O No Emphysema Ores O No High Blood Pressure Ores O No Arthritis/Gout Ores O No Emphysema Ores O No Emphysema Ores O No High Cholesterol Ores O No Arthritis/Gout Ores O No Ores O	o you have,	or have y	OU had, any of	f the follo	Owing: Hemophilia Hepatitis A	○ Yes ○ No ○ Yes ○ No	Renal Dialysis	O Yes O No O Yes O No
Arthritis/Gout Oyes ONO Epilepsy or Seizures Oyes ONO Arthritis/Gout Oyes ONO Excessive Bleeding Oyes ONO Excessive Thirst Oyes ONO Arthritis/Gout Oyes ONO Excessive Thirst Oyes ONO Arthritis/Gout Oyes ONO Excessive Thirst Oyes ONO Arthritis/Gout Oyes ONO Excessive Thirst Oyes ONO Arthritical Joint Oyes ONO Excessive Thirst Oyes ONO Arthritis/Gout Oyes ONO Excessive Thirst Oyes ONO Arthritis/Gout Oyes ONO Excessive Thirst Oyes ONO	D you have, AIDS/HIV Positive Alzheimer's Disease	or have y	OU had, any of Cortisone Medicine Diabetes	f the follo	Dwing: Hemophilia Hepatitis A Hepatitis B or C	Yes O No Yes O No Yes O No	Renal Dialysis Rheumatic Fever	
Arthficial Heart Valve Yes O No Arthficial Heart Valve Yes O No Arthficial Heart Valve Yes O No Arthficial Joint Yes O No Excessive Bleeding Yes O No Arthficial Joint Yes O No Excessive Bleeding Yes O No Arthficial Joint Yes O No Excessive Bleeding Yes O No Arthficial Joint Yes O No Excessive Bleeding Yes O No Arthficial Joint Yes O No Excessive Bleeding Yes O No	O you have, AIDS/HIV Positive Alzheimer's Disease Anaphylaxis	or have y Oyes ONO Oyes ONO Oyes ONO	Cortisone Medicine Diabetes Drug Addiction	f the follo	Hemophilia Hepatitis A Hepatitis B or C Herpes	Yes O NO	Renal Dialysis Rheumatic Fever Rheumatism	O Yes O No
Artificial Joint Oyes O No Excessive Bleeding Oyes O No Asthma Oyes O No Asthma Oyes O No Blood Disease Oyes O No Blood Disease Oyes O No Blood Disease Oyes O No Brequent Cough Oyes O No Breathing Problems Oyes O No Breson Order Oyes O No Breathing Problems Oyes O No Brood Pressure Oyes O No Chemotherapy Oyes O No Chemotherapy Oyes O No Chest Pains Oyes O No Cold Sores/Fever Blisters Oyes O No Congenital Heart Dis. Oyes O No Heart Murmur Oyes O No Congenital Heart Dis. Oyes O No Heart Trouble/Disease Oyes O No Recent Weight Loss Oyes O No Oyes O No Recent Weight Loss Oyes O No Recent Weight Loss Oyes O No Oyes O No Recent Weight Loss Oyes O No Oyes O No Oyes O No Recent Weight Loss Oyes O No	D YOU have, AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia	or have y oresone oresone oresone oresone	Cortisone Medicine Diabetes Drug Addiction Easily Winded	f the follo	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure	Yes O NO	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever	O Yes O No O Yes O No
Asthma	D YOU have, AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina	or have y oresono oresono oresono oresono oresono oresono	Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema	f the follo	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol	Yes O NO	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles	O Yes O No O Yes O No O Yes O No
Rainfind Stes on No Frequent Cough Yes on No Frequent Diarrhea Yes on No Blood Disease Oyes on No Breathing Problems Oyes on No Breathing Problems Oyes on No Brisse Easily Oyes on No Cancer Oyes on No Chemotherapy Oyes on No Cold Sores/Fever Blisters Oyes on No Congenital Heart Dis. Oyes on No Convulsions Oyes on No Heart Trouble/Disease Oyes on No Convulsions Oyes on No Oyes on No Convulsions Oyes on No District Advanced Oyes on No Convulsions Oyes on No District Advanced Oyes on No Convulsions Oyes on No District Organization Oyes on No Convulsions Oyes on No District Organization Oyes on No Convulsions Oyes on No District Organization Oyes on No Convulsions Oyes on No District Organization Oyes on No Convulsions Oyes on No Convulsions Oyes on No District Organization Oyes on No Convulsions Oyes on No Convulsions Oyes on No Convulsions Oyes on No Oyes on No Convulsions Oyes on No Oyes on	D YOU have, AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout	Or have y Oyes O No	Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures	f the follo	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash	Yes O NO	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease	O Yes O No O Yes O No O Yes O No O Yes O No
Frequent Diarrhea Yes O No Breathing Problems O Yes O No Bruse Easily O Yes O No Cancer O Yes O No Chemotherapy O Yes O No Chest Pains O Yes O No Chest Pains O Yes O No Congenital Heart Dis. O Yes O No Convulsions O Yes O No Convulsions O Yes O No Chewoth Pain In Jaw Joints O Yes O No Convulsions O Yes O No Cheat Pains O Yes O No Convulsions O Yes O No Convulsions O Yes O No Cheat Pains O Yes O No Convulsions O Yes O No Convulsions O Yes O No Cheat Pains O Yes O No Convulsions	D YOU have, AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve	Or have y Oyes O No	Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding	The follo	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia	Yes O NO	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble	O Yes O No
Breathing Problems	D YOU have, AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint	Or have y Oyes ONO	Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Thirst	↑ Yes ○ No ○ Yes ○ No	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat	Yes O No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida	Yes O No
Breathing Problems Yes O No Bruise Easily Yes O No Cancer O Yes O No Chemotherapy O Yes O No Chest Pains O Yes O No Cold Sores/Fever Blisters O Yes O No Congenital Heart Dis. O Yes O No Heart Trouble/Disease O Yes O No Heart Trouble/Disease O Yes O No Recent Weight Loss O Yes O No Recent Weight Loss O Yes O No Recent Weight Loss O Yes O No Inhyroid Disease O Yes O No Tonsillitis O Yes O No Tuberculosis Tuberculosis Tuberculosis O Yes O No Tuberculosis O Yes O No Tuberculosis O Yes O No Parathyroid Disease O Yes O No Recent Weight Loss O Yes O No O Yes O No Tonsillitis O Yes O No Tuberculosis O Yes O No Tuberculosis O Yes O No Recent Weight Loss O Yes O No O Yes O No No Recent Weight Loss O Yes O No O Yes O No Tuberculosis O Yes O No Tuberculosis O Yes O No Tuberculosis O Yes O No Recent Weight Loss O Yes O No O Yes O No No No Tuberculosis O Yes O No Recent Weight Loss O Yes O No O Yes O No No No Tuberculosis O Yes O No Recent Weight Loss O Yes O No O Yes O No No No Tuberculosis O Yes O No No No Tuberculosis O Yes O No Recent Weight Loss O Yes O No N	D YOU have, AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma	Or have y Oyes ONO	Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizziness	↑ Yes ○ No ○ Yes ○ No	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems	 Yes ○ No 	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Dis.	Yes O No
Cancer Oyes O No Glaucoma Oyes O No Chemotherapy Oyes O No Chest Pains Oyes O No Cold Sores/Fever Blisters Oyes O No Congenital Heart Dis. Oyes O No Convulsions Oyes O No Heart Trouble/Disease Oyes O No Heart Trouble/Disease Oyes O No Recent Weight Loss Oyes O No Recent Weight Loss Oyes O No Recent Weight Loss Oyes O No Oyes O No Recent Weight Loss Oyes O No Oyes O No Recent Weight Loss Oyes O No Oyes O	D YOU have, AlDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease	Or have y Oyes ONO	Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizziness Frequent Cough	Yes O No	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia	Yes No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Dis.	Yes O No
Cancer O Yes O No Chemotherapy O Yes O No Chemotherapy O Yes O No Chest Pains O Yes O No Cold Sores/Fever Blisters O Yes O No Congenital Heart Dis. O Yes O No Convulsions O Yes O No Heart Trouble/Disease O Yes O No Heart Trouble/Disease O Yes O No Recent Weight Loss O Yes O No Recent Weight Loss O Yes O No Recent Weight Loss O Yes O No O O Yes O No O O Yes O No O O O Yes O No O O O O O O O O O O O O O O O O O	AlDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion	Or have y Oyes ONO	Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizziness Frequent Cough Frequent Diarrhea	Yes O No	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease	Yes No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Dis. Stroke Swelling of Limbs	O Yes O No
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Chest Pains Ores Ono Heart Attack/Failure Ores Ono Cold Sores/Fever Blisters Ores Ono Congenital Heart Dis. Ores Ono Convulsions Ores Ono Heart Trouble/Disease Ores Ono Heart Trouble/Disease Ores Ono Recent Weight Loss Ores Ono Recent Weight Loss Ores Ono	AlDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problems Bruise Easily	Or have y Oyes ONO	Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizziness Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes	Yes O No	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure	Yes No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Dis. Stroke Swelling of Limbs Thyroid Disease Tonsillitis	O Yes O No
Cold Sores/Fever Blisters O Yes O No Congenital Heart Dis. O Yes O No Convulsions O Yes O No Heart Trouble/Disease O Yes O No Heart Trouble/Disease O Yes O No Recent Weight Loss O Yes O No	AlDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problems Bruise Easily Cancer	Or have y Oyes ONO	Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizziness Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma	Yes O No	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse	Yes No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Dis. Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis	O Yes O No
Congenital Heart Dis. O Yes O No Convulsions O Yes O No Heart Trouble/Disease O Yes O No Recent Weight Loss O Yes O No Yes O No Recent Weight Loss O Yes O No Yes O Yes O Yes O Yes O Yes	AlDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problems Bruise Easily Cancer Chemotherapy	Or have y Orea No	Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizziness Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever	Yes O No	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse	Yes No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Dis. Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths	O Yes O No
Convulsions O Yes O No Heart Trouble/Disease O Yes O No Recent Weight Loss O Yes O No Recent Weight Loss O Yes O No e you ever had any serious illness not listed above: O Yes O No	AlDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problems Bruise Easily Cancer Chemotherapy Chest Pains	Or have y Oyes ONO	Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizziness Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure	Yes O No	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Pain in Jaw Joints	Yes No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Dis. Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers	O Yes O No
e you ever had any serious illness not listed above: O Yes O No	AlDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problems Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters	Or have y Orea No	Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizziness Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur	Yes O No	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Pain in Jaw Joints Parathyroid Disease	Yes No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Dis. Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease	O Yes O No
	AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problems Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Dis.	Or have y Orea No	Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizziness Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker	Yes O No	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Pain in Jaw Joints Parathyroid Disease Psychiatric Care Radiation Treatments	Yes No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Dis. Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease	O Yes O No
	AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problems Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Dis.	Or have y Orea No	Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizziness Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker	Yes O No	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Pain in Jaw Joints Parathyroid Disease Psychiatric Care Radiation Treatments	Yes No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Dis. Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease	O Yes O No
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	O YOU have, AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problems Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Dis. Convulsions	Yes ○ No Yes ○ No	Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizziness Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/Disease	F The follo 'Yes 'O No 'Yes 'O No	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Pain in Jaw Joints Parathyroid Disease Psychiatric Care Radiation Treatments Recent Weight Loss	Yes No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Dis. Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease	O Yes O No