## Office (615)297-8470 Fax (615)297-8460

## **General Health Questionnaire**

Penicillin Amoxicillin Amoxicillin Sulfa Drugs Other Antibiotics Codeine Other Narcotics Aspirin Ibuprofen Adhesive tape Latex Tape Fegg Products: Please list ADDITIONAL If so, what are you taking? Have you undergone any surgical proce Have you had any heart valve surgery of the following Rheumatic Fever Heart Attack Asthma Fleared Tipe Female Patients: Female	NO NO NO NO NO NO NO NO NO S not listed: max, Zomata, Area	if so, please l dia, ect.) for osteop _ If so, what kind? _	ist ALL medications:
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uberculosis Emphysem eeding Disorder Stomach U		Hepatitis	Shortness of Breath
leeding Disorder Stomach U		Anemia	Kidney Failure/Transplant
		Stroke	Taking Blood Thinners
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upus Osteoarthr		Cancer	Rheumatoid Arthritis
hyroid Disorder Sinus Prob		Glaucoma	Psychiatric Disorder
evere Weight Loss High Chole		TMJ Symptoms	Liver Disease/Hepatitis
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nuch?			——————————————————————————————————————
lave you had General Anesthesia befor	ore? Yes or No		
lave you ever had difficulty with, or a ba	ad reaction to Ge	neral Anesthesia?	Yes or No If, so, please explain:
o you have any other disease, conditio			ou think the Doctor should know about?

I CERTIFY THAT THE MEDICAL HISTORY I HAVE GIVEN ABOVE CORRECT TO THE BEST OF MY KNOWLEDGE: