

Base Medical Data

Name: _____ Nickname: _____ Age: _____ Date: _____

Thank you for choosing our office for your consultation! Please check or fill in the following information so I may better help you.

Sex: M F; Height: _____, Weight: _____ . Reason for Visit: _____

BMI: _____ Your job description: _____

List ALL your physicians: _____

Circle, list and explain all that apply:

Social Support: Single, Divorced, Separated, Widowed, Married: live with friend, other:

My ethnic background includes: Caucasian, N. European, Irish, Mediterranean, Middle Eastern, African, African-Am, Hispanic, Am-Indian, West-Indies, East-Indian, Asian. Other: Jehovah's Witness

Allergies: None Penicillin Sulfa IV Iodine Latex/Fruit **Other/ Reaction:** _____

Nicotine (any form: cigarette, gum, chew, vape, patch...): Never. Yes, I now smoke _____ packs / day. I stopped smoking _____ years ago. 2nd hand? Y N

FAMILY Medical History: Malignant Hyperthermia...

YOUR Personal Medical History: Circle and / or explain ALL that apply: NONE

Accutane N Y: when _____
AIDS / HIV N Y
Malignant Hyperthermia N Y
Flu / COVID19 N Y
COVID Vaccine N Y: when _____

Anemia (Low blood)
Autoimmune Disease: RA, Scleroderma
Lupus
Asthma / COPD
Bleeding or Clotting Disorders

Hypertension (High Blood Pressure)
Low Blood Pressure BP: /
Low Blood Sugar
Diabetes mellitus
GERD / Reflux / Hiatal Hernia
Motion Sickness / Glaucoma
Heart Disease / Heart Failure
Heart Attack / Stroke / bypass / stent
Peripheral Vascular (arterial) Dis
Heart Valve / MVP problems
Hepatitis, Liver Disease
High Cholesterol / Hyperlipidemia

Kidney Failure
Osteo/degenerative Arthritis
Seizure
Skin Cancer
Sun Response: tan, no response, burn
Thyroid Disease
Venous Disease: clots, phlebitis, DVT PE
Behavior Issues: anxiety, depression,
Body dysmorphic synd, dementia,
Gender change, suicidal syndrome
Implant(s) / Prostheses: breast, joints
Body Piercing(s): tongue, nipples, labia

Infections: Yeast, Viral cold sores
Bacterial, MRSA
Snoring, sleep apnea, B/C-PAP

Sickle Cell
Skin-Cold vasoconstriction
syndromes: Raynauds

Pregnant NOW
Lactating NOW

Review of Systems:

Pregnancies _____, # Births _____, # Miscarriages _____, # Abortions _____

Anesthesia Concerns: None, Malignant Hyperthermia or List:

Recreational Drugs: N Y: (circle): cocaine, crack, meth, heroin, narcotic, marijuana (medical, CBD) synthetic cannabinoids (K2, Spice), other:

Alcohol: NONE, wine, beer, liquor: _____ ounces / week.

Chronic RX Narcotics / Benzo's / Sedatives use: NONE eg: codeine, codones, oxycontin, suboxone, methadone, valium, Xanax, Ativan, other:

Are you planning or involved in a law suit regarding any areas of medical concern? N, Y (if yes, explain): _____

List ALL prior SURGERY, PROCEDURES and INJURIES: NONE

tonsil & adenoids, tubal ligation, appendectomy, lap/open gall bladder, caesarean section, D&C, CABG, stent, Gastric Bypass / Lap Band, neck / back surgery, other:

Cosmetic & Plastic Surgeries: _____

List ALL MEDICATIONS: NONE

Hormones: HRT, Estrogen, Testosterone, IUD, Birth Control:
Acne: Spironolactone
Coagulant: Tamoxifen
Erectile Drugs: Viagra; Cialis, Levitra

Cholesterol:

Blood Pressure:

Anti-Coagulants: Coumadin Plavix

Auto-Immune: Humira, Remicade, Rituxan, Herceptin, other:

Heart Meds: Nitroglycerine:

Herbals, Teas or Supplements? Circle or List: NONE

Inhibits: MAOI & SSRI: St. Johns Wort {incr photosensitivity & induces cytoP450 which decr Rx activity!}; Yohimbe; Licorice root;
GABA & Serotonin stimulation = Sedation: 5 Hydroxy Tryptophan; **Valerian**; **Kava** {hepatic dysfunction}; Melatonin

Anti-coagulants: Amica; Bromelain; Black Mushrooms; Clove oil; **Ginkgo biloba**; **Ginseng** (hypoglycemia); **Ginger**; **Garlic** {decr BP}; Bilberry; Dong Quai; Feverfew;
Vitamin E; Honeysuckle; Wintergreen; **Aspirin**; **Ibuprofen**; **Naprosyn**; **Chondroitin/Glucosamine**; **Saw Palmetto**; **Fish Oil / Essential Fatty Acids**; **Co-Q-10**;
Other NSAIDS:

Stimulants: **Phentermine**; Ma Huang; MetaboLife; MetaBoost; **Ephedra** {halothane potentiates CV effects}; Other Weightloss Supplements:

Liver Dysfunction / Immunosuppression / inhibits cytoP450 which potentiates Rx: **Echinacea**; **Goldenseal**; Milk Thistle;

Flap Vasoconstrictor: marijuana, cocaine/crack, meth, migraine Rx, erectile Rx,

Other: Aloe {dermatitis, low K}

Multi-Vitamin, Other OTC's: _____

Any incorrect or missing information may adversely affect my care and my results.

I hereby confirm that all the information provided is complete and accurate to the best of my knowledge.

Base Med Data 121820

Signed: _____

Date: _____