

Patient Information Update

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you had any medical changes in the last year? YES or NO  
If YES, please explain \_\_\_\_\_

Are you allergic to any drugs or medications? YES or NO  
If YES, please list \_\_\_\_\_

Do you have any medical conditions that require you to be premedicated? YES or NO  
If YES, please explain \_\_\_\_\_

Do you smoke or use tobacco products? YES or NO

Please list ALL medications (prescriptions and over the counter) you are currently taking:  
\_\_\_\_\_  
\_\_\_\_\_

Please circle any of the following which you have had or have at present:

- |                        |                       |                       |
|------------------------|-----------------------|-----------------------|
| Heart Failure          | Emphysema             | HIV/Aids              |
| Blood Thinners         | Pacemaker             | Heart Disease         |
| Tuberculosis           | Hepatitis             | Heart Attack          |
| Asthma                 | Epilepsy              | Angina Pectoris       |
| Sinus Trouble          | Drug/Alcohol Abuse    | High Blood Pressure   |
| Allergies/Hay Fever    | Venereal Disease      | Low Blood Pressure    |
| Heart Murmur           | Diabetes              | Cold Sores            |
| Rheumatic Fever        | Thyroid Disease       | Severe Headaches      |
| Psychiatric Treatment  | Fainting/Dizzy Spells | Heart Surgery         |
| Artificial Heart Valve | Cancer                | Cortisone Medicine    |
| Rheumatism             | Chemotherapy          | Ulcers                |
| Artificial Joints      | Knee Replacement      | Hip Replacement       |
| Abnormal Bleeding      | Anemia                | Sickle Cell Disease   |
| Arthritis              | Stroke                | Mitral Valve Prolapse |
| Shingles               | Kidney Trouble        |                       |

Please list any other: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_