

MEDICATIONS:

LIST ALL MEDICATION YOU ARE TAKING INCLUDING PRESCRIPTION, OTC, HERBAL MEDICATIONS.

OSTEOPOROSIS: HAVE YOU TAKEN ANY OF THE FOLLOWING FOSAMAX, BONIVA, AREDIA, ACTONEL, ZOMETA, BONEFOS, SKELID? YES _____ NO _____

ALLERGIES

ARE YOU ALLERGIC TO OR HAD A REACTION TO:

	YES	NO
Local Anesthetics? _____		
Penicillin or other antibiotics? _____		
Sulfa Drugs? _____		
Barbiturates, sedatives or sleeping pills? _____		
Aspirin? _____		
Iodine? _____		
Demerol or other narcotics? _____		
Other medications? _____		
Allergies other than drug allergies? (please list) _____		

IS THERE ANY CONDITION CONCERNING YOUR HEALTH OR FAMILY'S ANESTHETIC HISTORY THAT THE DOCTOR SHOULD BE TOLD? _____

PREVIOUS HOSPITALIZATIONS OR SURGERIES? _____

WOMEN:

Is there a possibility that you may be pregnant? yes no

Estimated delivery date: _____

Are you nursing? yes no

Are you taking birth control pills? yes no

I certify that I have read and understand the questions above. I acknowledge that my questions, if any about the inquiries set forth above have been answered to my satisfaction. I will not hold my surgeon, or any other member of his staff, responsible for any errors or omissions that I may have made in the completion of this form.

Signature of patient: _____ Date: _____
(SIGNATURE OF PATIENT / PARENT OR GUARDIAN IF MINOR)