

yes no... Do you have any loose, chipped, or fragile teeth? **NOTE: Dental injury is a risk in spite of every precaution.**

yes no... Did you have any stomach, digestion, gallbladder, or intestinal problems or related surgery? _____

yes no... Have you any liver problems, or history of hepatitis?

yes no... Have you had any kidney, prostate or bladder problems, or related treatment procedures? _____

yes no... Have you had any history of thyroid or goiter problems? How do you treat this? _____

yes no... Have diabetes? Treated with diet, medications or insulin _____

yes no... Have you had any brain disorders, stroke, seizure, migraines, vascular disorder, other _____

yes no... Have you had any nerve or muscle problem? explain _____

yes no... Has a doctor told you that you have arthritis, spine, bone, or joint problems? Explain _____

yes no... Have you needed medical treatment for your mood or feelings?

yes no... Has a doctor told you that you have a blood condition, excessive bleeding, easy bruising, blood clots, anemia, sickle cell disease or trait? Other?

yes no... Have you had cancer?

yes no... Has a doctor told you that you have an infectious disease? Hepatitis, HIV, AIDS?

yes no... Have you or do you now smoke? ____ packs per day for ____ years. When did you quit? _____

yes no... Do you drink alcoholic beverages? Approximately how many drinks/ beers in a week? _____

yes no... Have you taken any **oral** Cortisone, Prednisone, or other steroid medications in the past 6 months?

yes no... Do you use "recreational drugs or substances"? What & how often? _____

Activities: (circle all that apply) Are you physically able to: do light physical work heavy physical work

Please list any concerns you have about anesthesia: _____

I ACKNOWLEDGE THAT I AM NOT TAKING PRESCRIPTION DIET PILLS (PHENTERMINE). THESE CAN CAUSE SEVERE COMPLICATIONS WITH ANESTHESIA. I MUST BE OFF THEM FOR AT LEAST 2 WEEKS PRIOR TO SURGERY.

↑ Please initial ↑

Signature of person completing this form

_____/_____/_____
date