

Name _____

problems with bleeding -----	Yes	No
problems with healing -----	Yes	No
problems with scarring (hypertrophic or keloid) -----	Yes	No
rash -----	Yes	No
immunosuppression -----	Yes	No
hay fever -----	Yes	No
chest pain -----	Yes	No
fatigue/tiredness -----	Yes	No
fever or chills -----	Yes	No
night sweats -----	Yes	No
unintentional weight loss -----	Yes	No
thyroid problems -----	Yes	No
sore throat -----	Yes	No
blurry vision -----	Yes	No
abdominal pain -----	Yes	No
nausea -----	Yes	No
vomiting -----	Yes	No
change in appetite -----	Yes	No
bloody stool -----	Yes	No
diarrhea -----	Yes	No
bloody urine -----	Yes	No
irregular menstrual cycle -----	Yes	No
joint aches -----	Yes	No
muscle weakness -----	Yes	No
neck stiffness -----	Yes	No
headaches -----	Yes	No
seizures -----	Yes	No
dizziness -----	Yes	No
cough -----	Yes	No
shortness of breath -----	Yes	No
wheezing -----	Yes	No
anxiety -----	Yes	No
depression -----	Yes	No
nosebleeds -----	Yes	No

(continued)

Name _____

pacemaker -----	Yes	No
defibrillator -----	Yes	No
blood thinners -----	Yes	No
allergy to adhesive -----	Yes	No
allergy to lidocaine -----	Yes	No
allergy to topical antibiotic ointments -----	Yes	No
MRSA -----	Yes	No
hepatitis -----	Yes	No
HIV/AIDS -----	Yes	No
artificial heart valve -----	Yes	No
artificial joints within past two years -----	Yes	No
premedication prior to procedures -----	Yes	No
rapid heart beat with epinephrine -----	Yes	No
pregnancy or planning a pregnancy -----	Yes	No
West Africa: Travel or contact -----	Yes	No

Please list any medications (including dosages) that you take:

(we can copy a list if you have one)

Allergies to medications? If so, what was the reaction?