

Angina	Y	N	Artificial Heart Valve	Y	N	Artificial Joints	Y	N	Heart Attack	Y	N	Heart Failure	Y	N
Heart Murmur/Defect	Y	N	Heart Stents	Y	N	Heart Surgery	Y	N	High Blood Pressure	Y	N			
Mitral Valve Prolapse	Y	N	Organ Transplants	Y	N	Pacemaker	Y	N						
ALLERGIES: Clindamycin Y N Codeine Y N Erythromycin Y N Penicillin Y N Other_____														

Check Below If Yes: Explain As Needed

Abnormal Bleeding		Herpes	
AIDS related complex		Hospitalization	
Anemia		Liver Diseases	
Asthma (bring your inhaler to every appt.)		Pregnant/Nursing	
Blood Diseases		Psychiatric Treatment	
Cancer		Rheumatic/Scarlet Fever	
Diabetes Type I or II		Sinus Trouble	
Drug Addiction		Smoke/Tobacco use	
Epilepsy/Seizures		STD	
Eye disorders/Concerns		Tuberculosis	
Fen-Phen / Redux use?		Tumors or Growths	
Hepatitis A/B/C/Delta		Ulcers	

If there have been no changes to the above, please sign and date below:

Patient Signature: _____ Date: _____

Office Updates – For Office Use Only
