(Health Histo	-)				
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Physician's Name		U - thick we formed to an office	O" The see in alredo a	Date of last visit	= //
names of phentermine), Pondi				ombinations of Ionimin, Adipex,	Fastin (brand
Place a mark on "yes" or "no"	to indicate if you ha	ve had any of the followin	g:		
AIDS/HIV	☐ Yes ☐ No	Epilepsy	☐ Yes ☐ No	Respiratory Disease	☐ Yes ☐ No
Anemia	☐ Yes ☐ No	Fainting or dizziness	☐ Yes ☐ No	Rheumatic Fever	☐ Yes ☐ No
Arthritis, Rheumatism	☐ Yes ☐ No	Glaucoma	☐ Yes ☐ No	Scarlet Fever	☐ Yes ☐ No
Artificial Heart Valves	☐ Yes ☐ No	Headaches	☐ Yes ☐ No	Shortness of Breath	☐ Yes ☐ No
Artificial Joints	☐ Yes ☐ No	Heart Murmur	☐ Yes ☐ No	Sinus Trouble	☐ Yes ☐ No
Asthma	☐ Yes ☐ No	Heart Problems	☐ Yes ☐ No	Skin Rash	☐ Yes ☐ No
Back Problems	☐ Yes ☐ No	Hepatitis Type		Special Diet	☐ Yes ☐ No
Bleeding abnormally, with	□Vaa □Na	Herpes	☐ Yes ☐ No	Stroke	☐ Yes ☐ No
extractions or surgery Blood Disease	☐ Yes ☐ No	High Blood Pressure	☐ Yes ☐ No ☐ Yes ☐ No	Swollen Feet or Ankles	☐ Yes ☐ No
Cancer	☐ Yes ☐ No ☐ Yes ☐ No	Jaundice Jaw Pain	☐ Yes ☐ No ☐ Yes ☐ No	Swollen Neck Glands Thyroid Problems	☐ Yes ☐ No ☐ Yes ☐ No
Chemical Dependency	☐ Yes ☐ No	Kidney Disease	☐ Yes ☐ No	Tonsillitis	☐ Yes ☐ No ☐ Yes ☐ No
Chemotherapy	☐ Yes ☐ No	Liver Disease	☐ Yes ☐ No	Tuberculosis	☐ Yes ☐ No
Circulatory Problems	☐ Yes ☐ No	Low Blood Pressure	☐ Yes ☐ No	Tumor or growth on head	103 140
Congenital Heart Lesions	☐ Yes ☐ No	Mitral Valve Prolapse	☐ Yes ☐ No	or neck	☐ Yes ☐ No
Cortisone Treatments	☐ Yes ☐ No	Nervous Problems	☐ Yes ☐ No	Ulcer	☐ Yes ☐ No
Cough, persistent or bloody	Yes	Pacemaker	☐ Yes ☐ No	Venereal Disease	☐ Yes ☐ No
Diabetes	☐ Yes ☐ No	Psychiatric Care	☐ Yes ☐ No	Weight Loss, unexplained	☐ Yes ☐ No
Emphysema	☐ Yes ☐ No	Radiation Treatment	☐ Yes ☐ No		
Taking birth control pills?					
IVIE	edications			Allergies	
	edications	the correlating	☐ Aspirin	Allergies Local Anesthe	etic
List any medications you are c		the correlating	☐ Aspirin	☐ Local Anesthe	etic
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List any medications you are c		the correlating		☐ Local Anesthe	etic
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List any medications you are c diagnosis: Pharmacy Name	currently taking and		☐ Barbiturates (Sleepin☐ Codeine	☐ Local Anesthong pills) ☐ Penicillin☐ Sulfa	
List any medications you are c diagnosis: Pharmacy Name Phone ()	currently taking and		☐ Barbiturates (Sleepin☐ Codeine☐ Iodine	☐ Local Anesthong pills) ☐ Penicillin☐ Sulfa	
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