

•Medical History•

Physician's name: _____

Date of last visit: _____

Have you ever taken any of the drugs collectively referred to as "fen-phen"? These include combinations of Ionimin, Adipex, Fastin (brand names of phentermine, Pondimin (fenfluramine) and Redux (dexfenfluramine) Yes No

If yes, please describe: _____

Have you had any serious illnesses or operations? Yes No

If yes, please describe: _____

Women: Are you pregnant? Yes No

Nursing? Yes No

Taking birth control pills? Yes No

Please describe any current medical treatment, including drugs, impending operations, past hospitalizations, possible pregnancy, due date of a current pregnancy or other information the doctor should be aware of: _____

Check if you currently have or have ever had any of the following:

HEART/BLOOD VESSELS

- Rheumatic Fever
- Heart Murmur
- Mitral Valve Prolapse
- Chest Pain/Discomfort
- Heart Attack/Problems
- Shortness of Breath
- High Blood Pressure
- Congenital Heart Disease
- Artificial Heart Valve
- Pace Maker
- Heart Surgery
- Congestive Heart Failure
- Other _____

BONES/MUSCLES

- Arthritis/Rheumatism
- Artificial Joints (knees, hips, TMJ, etc.)
- Cerebral Palsy
- Muscular Dystrophy

ENDOCRINE

- Diabetes
- Thyroid
- Family history of Diabetes

MEDICATIONS

- Antibiotics
- Sulfa Drugs
- Blood Thinners
- Blood Pressure
- Insulin/Diabetes
- Heart
- Aspirin
- Natural Remedies
- Recreational Drugs
- Over-the-Counter
- Current Medications: _____

DIGESTIVE SYSTEM

- Hepatitis
- Jaundice
- Ulcers
- Eating Disorders

URINARY

- Kidney Disease
- Venereal Disease

BLOOD

- Anemia
- Blood Transfusions
- Bruise Easily
- Leukemia
- Prolonged Clotting Time

RESPIRATORY

- Tuberculosis
- Emphysema
- Asthma
- Hay Fever
- Difficulty Breathing Lying Down

THROAT

- Difficulty in Swallowing
- Soreness/Hoarseness
- Smoking
- Tobacco Chewing
- Daily Alcohol Consumption

SKIN

- Eruptions (Rash) Hives
- Change in Skin Color
- Herpes
- Cold Sores/Canker Sores

NERVOUS SYSTEM

- Stroke
- Headaches
- Convulsions
- Epilepsy
- Dizziness
- Fainting
- Psychiatric Treatment
- Depression

NOSE

- Frequent Nose Bleeds
- Sinus Problems

EARS

- Loss of Hearing
- Ringing in the Ears
- Pain in Ear Regions

EYES

- Glaucoma
- Visual Change

OTHER

- Radiation Therapy
- Tumors or Growths
- Cancer
- HIV Virus

ALLERGIES

- Latex
- Penicillin
- Other Antibiotics
- Local Anesthetics
- Aspirin
- Codeine
- Sulfa Drugs
- Other _____

Signature: _____

Date: _____