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GENERAL MEDICAL INFORMATION

Why are you seeing the doctor today?

Is your general medical health GOOD FAIR POOR

Have you ever been diagnosed with skin cancer NO YES
Describe _____

Are you diabetic? NO YES

Have you ever had a bleeding problem? NO YES

Do you smoke? NO YES

Have you ever had high blood pressure? NO YES

Have you ever had a stroke? NO YES

Have you ever had trouble with:

- a. Ear, Nose, Throat NO YES
- b. Stomach for digestive tract? NO YES
- c. Heart? NO YES
- d. Circulation? NO YES
- e. Kidney or urinary tract? NO YES
- f. Liver? NO YES
- g. Lungs? NO YES
- h. Teeth or gums? NO YES
- i. Are you allergic to Latex? NO YES

What medicine do you take on a regular schedule? (use back of form for more space)

Are you allergic to any medication or food? NO YES
If yes, please list _____

Have you had any previous surgery not related
to your present concern? NO YES
If yes, please list _____

List any infection you have had in the last month, such as cold, flu, kidney, skin, dental, etc:

List all current medical problems

Signature of Patient _____ Date _____