



MEDICAL QUESTIONNAIRE

Name \_\_\_\_\_ Account # \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Sex  Male  Female Ht \_\_\_\_\_ Wt \_\_\_\_\_ lbs (stated by patient)

NKA \_\_\_\_\_ Allergies \_\_\_\_\_

Latex allergy or sensitivity?  Yes  No If yes, describe reaction \_\_\_\_\_

Adhesive allergy or sensitivity?  Yes  No If yes, describe reaction \_\_\_\_\_

History of fainting at the sight of blood when donating blood or when given blood?  Yes  No

Any complications to anesthesia?  Yes  No If yes, describe \_\_\_\_\_

Have you ever taken any of the following medications?

- Flomax (Tamsulosin HCL), Cardura (Doxazosin Mesylate), Rapaflo (Silodosin), Minipress (Prazosin HCL), Uroxatral (Alfuzosin HCL), Hytrin (Terazosin)

EYES

- Double Vision, Floaters or Spots, Flashes of Light, Dry Eyes, Decreased Vision, Sandy/Gritty Feeling, Excessive Tearing, Glaucoma/Suspect

CANCER

- Location, Mastectomy (Right/Left)

RESPIRATORY

- O2/C-Pap Use, Emphysema, Asthma, COPD, Bronchitis, Comments

PSYCH/ NEUROLOGICAL

- Oriented, Seizure/Epilepsy, Anxiety/Depression, Claustrophobia, Alzheimer's, Stroke, Physical Limitations?

HEMATOLOGIC/ LYMPH

- Use Blood Thinners, HIV/AIDS, History of Hepatitis (When)

ALLERGIC / IMMUNOLOGIC

- Seasonal/Hay Fever

CARDIOVASCULAR

- Angina, Arrhythmia, Congestive Heart Failure, Pacemaker, High Blood Pressure, Heart Attack (When)

DIABETES

- Insulin Dependent, Oral Dependent, Diet Controlled, Dialysis, Shunt Location

LIST ALL SKIN CONDITIONS

(i.e. Eczema, Psoriasis)

MUSCULOSKELETAL

- No Problems, Arthritis, Paralysis of, Prosthesis

OTHER

- Dentures, Alcohol, Walking Aid, Smoking, Hearing Aid

ENDOCRINE

- Thyroid Disorder, Pregnant/Breastfeeding, Prostate Problems

Technician \_\_\_\_\_ Harvey L. Carter, M.D. \_\_\_\_\_