

Past Medical History:

- High Blood Pressure
- Cardiac Disease
- Bleeding Disorder
- History of Stroke
- Ulcer Disease
- Hepatitis, type _____
- Coumadin use / For? _____
- Diabetes, type _____
- Anemia
- Asthma
- Thyroid Disease
- Mental Illness _____
- Blood Clot / Phlebitis

Other Conditions or Surgeries: None

Medications: None

_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies: None

Social History:

- Do you Smoke? Yes No
- Alcohol usage? None Social Daily
- Hand Dominant? Right Left
- Occupation? _____ Lifting? Yes No
- Hobbies? _____