

Symptom	Yes	No
Constipation		
Urinary Problems		
History of STD's		
Breast-feeding		
Seizures		
Fainting		
Dizziness		
Thyroid Problems		
Depression		
Anxiety		
Immunosuppression		
Hay Fever		
Fever or Chills		
Weight Loss or Gain		
Fatigue		

Other Symptoms: _____

Alerts: Are you currently experiencing any of the following?
(Please check yes or no for the following)

Alert	Yes	No
Allergy to Adhesive		
Allergy to Lidocaine		
Allergy to Topical Antibiotic Ointments		
Artificial Heart Valve		
Artificial Joints within the Past 2 Years		
Blood Thinners		
Defibrillator		
MRSA		
Pacemaker		
Premedication Prior to Procedures		
Rapid Heart Beat with Epinephrine		
Pregnant or Planning a Pregnancy		

Patient Signature

Date