thinkresearch

Medical History

1. Medical History - Select All that Apply

- Asthma
- Blood clot in the leg or lung
- Cancer
- Diabetes
- Eczema
- Gallstones
- Heart disease
- High blood pressure
- Kidney disease
- Osteoporosis
- Skin problems
- Stroke
- Depression
- Anxiety
- Prior Surgery

Other (describe)

2. What medications are you currently taking? (include over the counter and herbal/naturopathic medicines)

3. List any drug allergies

4. Do you smoke currently?

Yes No

5. Have you ever smoked?

Yes No

6. If so, how many years have you smoked?

7. How often do you have a drink containing alcohol?