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Optimal Health and Wellness

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Your Name:		Date:	
Social Security number:		Date of Birth:	Age:
Address:		City:	
State:	Zip:	Email Address	
Home Phone:		Cell Phone:	Work Phone:
When was your last mammogram?		Where was it obtained?	
Please tell us who your doctors are?			
Primary : _____ Gynecology: _____ Other: _____			
Have you passed menopause?		YES	NO
		When was your last menstrual period?	

Instructions: Below, please list all medications (prescription and over-the-counter), vitamins and mineral supplements, natural herbs or drugs, and homeopathic therapies you are currently taking.

Medication Name	Dose	Number taken daily	Reason for Medication	Date Started

Drug Allergies: Below please all drugs you are allergic to.

SOCIAL HISTORY: BEHAVIOR, DIET AND EXERCISE

Notes: _____ 1

Instructions: Circle the number or place a check mark (✓) to the left of the categories in the list below that that apply to you

I don't use tobacco	I don't use alcoholic beverages
I use tobacco regularly	I drink more than 3 alcoholic beverages daily
I use to use tobacco but I quit	I don't exercise
I am under weight	I exercise 3 or more times each week
I am over weight	I have gained a lot of weight over the last few years
I follow a low fat, low cholesterol diet	I have followed every diet there is but nothing works for me
I follow a vegetarian diet	I have lost a ton of weight only to gain it and more back
I follow a high complex carbohydrate low fat diet	I include several servings of dairy in my daily diet
I have not fallen in the past year.	Fast Food makes up a big part on my regular diet
I have fallen 1 time in the past year.	My diet includes cereal, rice, bread or potatoes often
I have fallen 2 or more times in the past year.	Sweet tea, Cokes or other soft drinks are my favorites
I usually eat meat twice daily	I enjoy pastries, desserts and candy and treat myself

PERSONAL AND FAMILY HISTORY

I am female	I am male
I am Caucasian (white)	I am African-American (black)
I am of Hispanic culture	I am Asian (Chinese, Japanese, Korean etc)
I am of Scotch, Irish, or English ancestry	I am of Indian/Pakistani ancestry
I have a native American ancestor	

HAIR, SKIN and NAILS

I sweat much more than normal	My skin itches often
My acne bothers me	I have recurrent rashes
I am becoming abnormally hairy	One of my family members had malignant melanoma
I have bad smelling feet	Excessive dry skin builds up on my feet or hands
I have been sunburned often	I have non-healing skin ulcers
My moles have changed	My skin is too dry
I have lost hair my head.	I have a problem with flaky skin on the scalp.
I have lost my eyebrows with age.	My hair grew back after chemo but was never the same.
I have a chronic fungus infection of my toenails.	I have been treated for toenail infection but nothing helps.
My toenails are thick and deformed	My fingernails are undermined and discolored
My fingernails are pitted.	My fingernail split

EYES

My eyes are dry, itchy and gritty feeling	My vision is rapidly getting worse
My eyes tear all the time	I can't see well at night
My eyes stay red and swollen	I see rings around lights

EAR, NOSE, AND THROAT

My hearing is getting worse	I have sinusitis infections often
I have ringing in the ears	My sinuses stay infected much of the time
I have vertigo	My voice stays hoarse most of the time
I have nasal polyps	I have chronic postnasal drip
I have a scab on my ear that doesn't heal	I grind my teeth
I have lost my ability to taste food	My gums bleed frequently
I have lost my ability to smell	My gums are swollen and hurt
I have lost most or all of my teeth	have a sore on my tongue that won't heal
I have a sore in my mouth that won't heal	I have a spot on my lip that won't go away

RESPIRATORY

I wake from sleep breathless choking	I become shortness of breath when I lay down flat
I cough up phlegm almost every day	I have sleep apnea and am on CPAP
I become easily breathless on exertion	I have sleep apnea but am not currently on any treatment
Sometimes there is blood or streaks in my phlegm	I have been treated for a positive tuberculosis test
My tuberculosis skin test is positive	I have been told that I snore very loudly at night
I use an oral appliance for management of sleep apnea	

Notes: _____

Instructions for the section below: How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you haven't done some of these things recently try to work out how they would have affected you. Use the following scale place a check mark (✓) in the boxes below for the most appropriate number for each situation. Use the scale below to rate each situation. (Epworth Sleepiness Index)

Rating Scale

0 = would never doze, 1 = slight chance of dozing, 2 = moderate chance of dozing, 3 = high chance of dozing

It is important that you answer each question as best you can.

Situation Chance of Dozing	0	1	2	3
Sitting and reading				
Watching TV				
Sitting, inactive in a public place (e.g. a theatre or a meeting)				
As a passenger in a car for an hour without a break				
Lying down to rest in the afternoon when circumstances permit				
Sitting and talking to someone				
Sitting quietly after a lunch without alcohol				
In a car, while stopped for a few minutes in the traffic				

Instructions: Please place a check mark (✓) to the left of each statement from the lists below that applies to you.

CARDIOVASCULAR

<input type="checkbox"/>	I have ankle swelling	<input type="checkbox"/>	I feel palpitations in the chest
<input type="checkbox"/>	I have leg pain when walking	<input type="checkbox"/>	Sometimes my heart flutters
<input type="checkbox"/>	I have chest pain/pressure when exerting myself	<input type="checkbox"/>	I have blocked arteries in my legs
<input type="checkbox"/>	I have hardening of the arteries	<input type="checkbox"/>	I have an irregular heart rate or rhythm
<input type="checkbox"/>	I experience episodes of fast heart beating	<input type="checkbox"/>	I have chest tightness/pressure when upset or anxious

GASTROINTESTINAL

<input type="checkbox"/>	I often become nauseated	<input type="checkbox"/>	I have heartburn or indigestion regularly
<input type="checkbox"/>	I am chronically constipated	<input type="checkbox"/>	I have active gallbladder disease (gallstones)
<input type="checkbox"/>	I have diarrhea often	<input type="checkbox"/>	I have chronic liver disease
<input type="checkbox"/>	I have a spastic colon	<input type="checkbox"/>	My stomach discomfort that is relieved with a BM
<input type="checkbox"/>	I often have pain in the upper right side of the stomach	<input type="checkbox"/>	I have trouble swallowing
<input type="checkbox"/>	I have pain sometimes in the left lower stomach	<input type="checkbox"/>	I have pain when I swallow
<input type="checkbox"/>	I see blood on my tissue paper or in the toilet water	<input type="checkbox"/>	I have diarrhea alternating with constipation
<input type="checkbox"/>	All or part of stomach was removed surgically	<input type="checkbox"/>	Food gets stuck in my throat when I swallow
<input type="checkbox"/>	I have to use laxatives almost daily	<input type="checkbox"/>	Sometimes I vomited blood

URINARY MEN AND WOMEN

<input type="checkbox"/>	have to wear pads to keep dry	<input type="checkbox"/>	I have trouble controlling my bladder that bothers me
<input type="checkbox"/>	I sometimes have blood in my urine	<input type="checkbox"/>	I have trouble getting my urine to begin flowing
<input type="checkbox"/>	I have urinary tract infections often	<input type="checkbox"/>	I have a family history of kidney stones

MALE REPRODUCTIVE

<input type="checkbox"/>	Sometimes there is blood in my urine	<input type="checkbox"/>	I have warts or skin growths on my penis
<input type="checkbox"/>	My testicles have become smaller with age	<input type="checkbox"/>	I have noticed growths or warts around my anus
<input type="checkbox"/>	I am unable to maintain an erection during sex	<input type="checkbox"/>	I have sores that come and go on my penis
<input type="checkbox"/>	My sex drive is very low	<input type="checkbox"/>	My urine stream is weak
<input type="checkbox"/>	I have trouble having a firm erection	<input type="checkbox"/>	I can't hold my urine very long
<input type="checkbox"/>	I can't control my urine	<input type="checkbox"/>	I takes me too long to urinate
<input type="checkbox"/>	I am living with prostate cancer	<input type="checkbox"/>	My urine leaks out

MUSCULOSKELETAL

<input type="checkbox"/>	I need help to walk	<input type="checkbox"/>	My joints swell
<input type="checkbox"/>	I have a Dowager's hump of the spine	<input type="checkbox"/>	I take medication daily for arthritis
<input type="checkbox"/>	I was bed ridden for over a month	<input type="checkbox"/>	I take medication daily for back pain
<input type="checkbox"/>	I have chronic back pain	<input type="checkbox"/>	I use prescription narcotics for treatment of arthritis
<input type="checkbox"/>	I have joint aching and stiffness	<input type="checkbox"/>	I use prescription narcotics for treatment of back pain
<input type="checkbox"/>	My knee aches at night	<input type="checkbox"/>	My knee hurts when I walk up stairs
<input type="checkbox"/>	I have had knee surgery for arthritis	<input type="checkbox"/>	My knee swells

Notes: _____

I have had arthroscopic surgery for a torn meniscus	I have had fluid drained from my knee
I ruptured my anterior cruciate ligament	I have had a cortisone shot in my knee
My knee was injured while playing sports	I had hyaluronic acid (roster comb, Supartz) knee injections
My knee pain wakes me up from sleep at night	My knee becomes so inflamed it turns red and is warm to touch
I have crystal disease of the knee (Pseudogout)	I have RA (Rheumatoid Arthritis)
I have gout that effects the knee	I have bone on bone on knee x-ray
I use a cane or walker to get around.	My knee starts to hurt for no reason <u>before</u> the weather changes
My knee makes it hard for me to do what I want to do	I use a wheelchair on a regular basis
I have gained weight since my knee trouble worsened	Since my knee got worse it has been hard to stay in good shape
I take medication every day for my knee	

FEMALE REPRODUCTION/BREAST

My periods began after age 16	I lost my period for a while before they came
I have never had a baby	I had a premature menopause (before age 48)
I have passed menopause	I am/was being treated for infertility
I have had abnormal mammograms	I am having trouble getting pregnant
I have developed vaginal dryness	My menstrual periods are very heavy
Intercourse with my partner has become very painful	I have a lot of pain during my periods
It is very difficult for me to have an orgasm	I have a history of irregular menstrual periods
I have breast pain all the time	I have spotting between my periods
I have lost a good bit of my pubic and underarm hair	I am sexually active
I no longer look forward to sexual intimacy as before	I have been treated with pills or injections for endometriosis
I have vaginal bleeding after intercourse	I lost periods due to a heavy exercise routine
I have hot flushes that really bother me	I have had one or more abnormal PAP smears
Although I have past menopause, I occasionally spot	I have been vaccinated against HPV (Gardasil)
I have been having vaginal bleeding after menopause	I had surgery for an abnormal PAP smear
I use condoms for birth control	I have noticed a discharge from my nipple
I am not sexually active	I have breast fed one or more children
I have an IUD	I have numerous painful knots in my breasts

NEURO-PSYCHIATRIC

I can loose my temper easily even over little things	For some reason I feel nervous much of the time
I have lost interest in doing things I use to love	I stay alone most of the time
I don't enjoy doing anything much these days	Being in large spaces frighten me
I really feel pretty helpless and worthless	I get so upset sometimes I can't breathe and feel faint
For minor or even no reason at all I find myself crying	Out of blue I can have attacks of panic
I have trouble sleeping soundly	I have numbness or tingling in an arm or leg
I get to sleep then wake and can't get back to sleep	Sometimes one arm or leg gets weak then comes back
Sometimes I get so excited I can't sleep for days	I wake from sleep at night with my hand numb and tingling
I take sleeping pills every night or I can't sleep	Drugs and alcohol help me relax and deal with life's stress
I get confused sometimes and get lost while driving	I often take medication or alcohol to help me sleep
My memory is becoming poor	I have a history of tension headaches
Sometimes one side of my face droops	My headaches are worse around my period
Sometimes I have difficulty speaking or slur my words	I have a history of cluster headaches
I hear voices	Other people in my family have bad headaches
There are a lot of people plotting against me	My headaches are worse in the spring and the fall
I can't control my eating so I just purge myself	I have headaches so bad I get nauseated and have to lay down
I know I'm fat even though they say I'm not	

ENDOCRINE

I have been treated with a lot of cortisone in the past	Over the past few years my weight has really gone up
I take or have used or prednisone cortisone every day	I eat and exercise the same but still my dress size gets larger!
My blood calcium level has been high before	I am getting weaker despite exercising more than before
My sleep is disturbed by hot flushes waking me up	My hot flushes really do bother me
Hot flashes are so bad the can drench me in sweat	I have lost a lot of the sex drive I use to have

Notes: _____

	I get hot flushes that don't really bother me that much		
IMMUNOLOGY/INFECTIOUS DISEASE			
	I have daily fevers		I have been vaccinated against shingles
	I have night sweats		I have been vaccinated against hepatitis A
	I have chills regularly		I have been vaccinated against whooping cough as an adult
	I have been vaccinated against chicken pox		I had a recent tetanus and diphtheria booster shot
	I have been vaccinated against hepatitis B		I never get the flu vaccine and don't want it
	I have been vaccinated against pneumonia		I get the flu vaccine every year
	Recently I traveled outside the USA		I got ill when I was traveling overseas
HEMATOLOGY			
	My blood count is low		My spleen is enlarged
	My lymph glands stay swollen		I have too many white blood cells
	I have too few platelet cells		I have too many red blood cells
	I have too many platelets		I have too few white blood cells
MEDICAL HISTORY			
Instructions: in the section below place a check (✓) to the left of any medical condition that applies to you only.			
INFECTIOUS DISEASE			
	I have a history of tuberculosis A15.0		I have a history of Type C Hepatitis B19.20
	I have a history of pneumonia J18.0		I have a history of clamidia infection 0A74.89
	I have a history of asthma in the past J45.20		I have a history of HPV infection A63.0
	I have a history of pulmonary embolism I26.99		I have a history of meningitis G03.9
	I have a history of Guillian Barre G61.0		I have a history of syphilis A51.0
	I have a history of Type B Hepatitis B19.10		I have a history of gonorrhea A54.00
	I have a history of cellulites L03.90		I have a history of genital herpes infection A60.9
	I have a history of shingles B02.9		I have active Type B Hepatitis B18.1
	I have a history of genital warts A63.0		I have active Type C Hepatitis B18.2
	I have AIDS-HIV B20		
HEAD, EAR, EYE, NOSE, and THROAT			
	I am color blind H53.59		I have cataracts H26.9
	I am blind in both eyes H54.0		I have glaucoma H40.9
ALLERGY AND IMMUNOLOGY			
	I have nasal polyps J33.9		I have hay fever J30.1
	I am allergic to dust mites J30.9		I have allergic rhinitis J30.1
	My allergies are year-round J30.9		I have bee sting allergy T63.441A
	I have an allergy to pollen J30.1		I have had poison ivy L25.5
	I have food allergies Z91.018		I have an allergy to dust J30.9
RESPIRATORY			
	I have emphysema. J44.9		I have sleep apnea and am being treated for it G47.39
	I have chronic bronchitis.J41.8		I have Pulmonary fibrosis J84.112
	I am being treated for asthma J45.21		
MUSCULOSKELETAL			
	I have had a wrist fracture Z87.312		I have had a hip fracture
	I have a history of a humeral fracture		I have had a rib fracture
	I had a spine fracture Z87.312		I have had a pelvic fracture
	I have polymyalgia rheumatica M35.3		I have had a stress fracture
	I have a history of a femoral neck fracture		I have had a fracture ankle
	I had a vertebral compression fracture Z87.312		I have a history of a fracture that did not heal or mend
	I have a history of a lumbar ruptured disk M51.27		I have a history of sciatica in the past M54.30
	I have a history of spinal stenosis in the past M48.06		I have a history of one or more foot stress fractures
	I have a history of a femur fracture		I have TMJ syndrome M26.60
	I have Paget's disease of bone M88.9		I have chronic back low pain M54.5
	I have Arthritis of the knee M17.10		I suffer from sciatica now M54.30
	I have Arthritis		I have flat feet M21.40

Notes: _____

I have Arthritis of the lower back M47.817		I have bunions M20.10
I have Arthritis of the hip M16.10		I suffer from Carpal tunnel syndrome now G56.00
I have scoliosis of the spine M41.50		I have osteoporosis M81.0
I have lumbar spinal stenosis now M48.06		I have scleroderma M34
I have rheumatoid arthritis M06.9		I have systemic lupus erythematosus M32.10
I have fibromyalgia M79.7		I have Sjogren's syndrome M35.00
CARDIOVASCULAR		
I have a history of cardiac arrest I46.9		I have a history of ventricular tachycardia I47.2
I have a history of little strokes (TIAs) G45.9		I have a history of blood clots in the legs I80.209
I have a history of stroke I69.965		I had of rheumatic heart disease as a child
I had a heart attack I25.2		I have a history of phlebitis of the leg I80.209
I have aortic stenosis I35.0		I am treated for high blood pressure I10
I have mitral valve prolapse I34.8		My cholesterol is high E78.0
I have a history of arteriosclerosis 440.9		My triglycerides are high E78.1
I have atrial fibrillation I48.91		I am being treated for chest pain from the heart I20.9
I have congestive heart failure I50.9		I have an abdominal aortic aneurysm I71.4
I have peripheral vascular disease I70.209		I am treated for chronic leg swelling (edema) R60.0
I have a heart murmur R01.1		
GASTROINTESTINAL		
I have a history of pancreatitis K85.9		I have a history of diverticulitis K57.32
I have a history of stomach (gastric) ulcers K25.9		I have a history of gastritis K29.00
I have a history of duodenal or peptic ulcer K27.9		I have lactase deficiency E74.39
I have a hiatal hernia K44.9		I have Celiac disease K90.0
I have Barrett's esophagus K22.70		I have gastroesophageal reflux (GERD) K21.0
I am gluten intolerant and avoid wheat protein K90.4		I have Crohn's disease K50.00
I have irritable bowel syndrome K58.9		I have ulcerative colitis K51.80
I have non-alcoholic cirrhosis of the liver K74.69		I have diverticulosis K57.30
I have alcohol related cirrhosis of the liver K70.30		I have intestinal malabsorption K90.9
I have primary biliary cirrhosis K74.3		I have active hemorrhoids K64.4
I have hemochromatosis E83.119		
ENDOCRINOLOGY		
I have a history of hyperprolactinemia		I have a history of primary hyperparathyroidism E21.3
I have a history of an over-active thyroid gland E05.00		I have been low in vitamin D E55.9
I have had one or more a gout attacks M10.00		I have a history of Cushing's disease E24.0
I have an under-active thyroid gland E03.9		I have diabetes and am treated with diet and insulin E10.9
I have a vitamin B12 deficiency D51.0		I have diabetes and am treated with diet and/or pills E11.9
NEURO-PSYCHOLOGY		
I have a history of anxiety F34.1		I have a history of panic attacks F41.0
I have a history of syncope (fainting) R55		I have a history of migraine headaches with aura G43.109
I have a history of anorexia nervosa R63.0		I have a history of vertigo H81.399
I have a history of depression F33.0		I have a history of alcoholism and am in recovery F10.21
I have a history of myasthenia gravis G70.0		I have epilepsy G40.309
I take medication for ADD of ADHD F90.2		I have Alzheimer's disease G30.9
I have Parkinson's Disease G20		I have attention deficit hyperactivity disorder (ADHD) F90.2
I have a history of bulimia Z87.898		I have attention deficit disorder (ADD) F90.0
MALE UROLOGY/NEPHROLOGY		
I have a history of chronic prostatitis N41.1		I had acute renal failure N17.1
I have history of a kidney stone N20.0		I have a history of a kidney cyst N28.1
I have a history of pyelonephritis. N11.0		I have interstitial cystitis N30.10
I have a history of bladder stones N21.0		I have chronic kidney disease N18.3
I have a had acute prostate infections N41.0		I have a varicocele I86.1
I have an enlarged prostate (BPH) N40.1		I have a hydrocele 603.9
My enlarged prostate slows my urine flow		I am a male with low testosterone level E29.1
I have/had venereal warts on penis A63.0		I have a prostate nodule N40.2
I have genital herpes of the penis A60.01		

Notes: _____

FEMALE GYNECOLOGY/NEPHROLOGY			
	I have history of a kidney stone N20.0		I have a history of a kidney cyst N28.1
	I have a history of pyelonephritis. N11.0		I have interstitial cystitis N30.10
	I have a history of bladder stones N21.0		I have chronic kidney disease N18.3
	I have polycystic kidney disease Q61.2		I have urinary incontinence R32
	A history of amenorrhea (losing my period) N91.2		I have a history of endometriosis N80.9
	I have abnormal PAP smears due to HPV R87.810		I have a cystocele (the bladder falls into the vagina) N81.11
	I have genital herpes of the vagina or labia A60.04		I have a rectocele (the rectum pushes into the vagina) N81.6
	I have uterine fibroids D25.9		I have polycystic ovary syndrome (PCOS) E28.2
	I have fibrocystic breast disease N60.19		
HEMATOLOGY			
	I have a history of angioedema I78.3XXA		I have a history of Iron deficiency anemia D50.8
	I have a history of hives L50.9		I have been low in Iron D50.8
	I have been low in Vitamin B12 or folic acid E53.8		I have a history of Anemia D64.9
	I take vitamin B12 shots		
ONCOLOGY			
	I have a history of lung cancer Z85.20		I have a history of prostate cancer Z85.46
	I have a history of leukemia Z85.6		Chronic myelogenous leukemia V10.61
	I have a history of Lymphoma Z85.72		I have a history of multiple myeloma Z85.79
	I have a history of ovarian cancer Z85.43		I have a history of Hodgkin's disease Z85.71
	I have a history of bladder cancer Z85.51		I have a history of malignant melanoma Z85.820
	I have a history of breast cancer Z85.3		I have a history of kidney cancer Z85.528
	I have a history of brain cancer Z85.841		I have a history of larynx cancer Z85.21
	I have a history of esophagus cancer Z85.01		I have a history of lip or mouth cancer Z85.819
	I have a history of thyroid cancer Z85.850		I have a history of testicular cancer Z85.47
	I have a history of tongue cancer Z85.810		I have a history of rectal cancer Z85.048
	I have a history of uterine cancer Z85.42		I am living with prostate cancer C61
	I have a history of cervical cancer Z85.41		I am living with colon cancer C18.9
	I have a history of skin cancer Z85.828		I have a history of stomach cancer Z85.028
	I have a history of colon cancer Z85.038		I have a history of cancer of the penis Z85.49
	I have a history of cervical cancer Z85.41		I am living with breast cancer C50.919
SKIN			
	I have psoriasis L40.0		I have chronic jock itch B35.6
	I have rosacea L71.8		I have plantar warts B07.0
	I have a fungal infection in my toe nails B35.1		I have chronic eczema L20.82
	I have athletes foot B35.3		
PAST SURGICAL PROEDURES OR OPERATIONS			
GASTROINTESTINAL		GYNECOLOGICAL	
	I had my stomach banded to lose weight 43770		I had a hysterectomy (removal of the uterus) 58150
	Any bariatric surgery for weight loss		I had surgery for endometriosis
	I had a roux-in-Y intestinal bypass surgery 43846		I have had a breast biopsy 19100
	I had a liver transplant		I have had a partial mastectomy for breast cancer 19307
	I have had abdominal surgery.		I have had an endometrial biopsy (womb biopsy) 58100
	I had my spleen removed 38100		I had both ovaries removed surgically 58940
	My gallbladder was removed by surgery 47480		I have had a D&C 58120
	My gallbladder was removed laproscopically 47490		I have had breast reduction surgery 19318
	I had surgery for stomach ulcers 43501		I have had breast implants (augmentation) 19324
	I had my stomach removed surgically 43620		I had part or all of my breast removed for cancer
	I had part of my stomach removed surgically 43651		I have had a tubal ligation (tubes tied) 58600
	I had part of my small intestine removed		I have had surgery for urinary incontinence
	I have had part of my colon removed.		I had surgery for a rectocele
	I had my entire colon removed surgically		I had surgery for a cystocele
	I had my appendix removed surgically 44950		I had cervical surgery for HPV 57520

Notes: _____

I had my appendix removed laproscopically 44970		
I have had inguinal hernia surgery 49525		
I have had surgery for hemorrhoids 46255	UROLOGY	
I have had colon polyps removed at colonoscopy		I had a vasectomy 55250
I have had esophageal surgery		I had surgery for an enlarged prostate
		I had a kidney transplant
CARDIOVASCULAR		
I have had a coronary artery bypass graft 33512		I have had bladder polyps removed
I had a heart transplant		I have had bladder surgery
I had surgery to repair my aortic heart valve 33405		I have had a cystoscopy (viewing the bladder by tube)
I had surgery to repair my mitral heart valve 33430	ONCOLOGIC	
I had angioplasty of my coronary artery 33512		I had a bone marrow transplant 38240
I had a stint placed in my coronary artery		I had part of my lung removed for cancer 32440
I have a heart pacemaker 33206		I have been treated with Radiation Therapy in the past
		I had part or all of my kidney removed for cancer
ORTHOPEDIC		
I had a total hip replacement 27130	OTHER	
I had a total knee replacement 27445		I had a tonsillectomy 42826
I have had neck (cervical spine) surgery		I have had cataract surgery 66982
I have had a lower back (lumbar spine) surgery 22630		I have had brain surgery.
I had a torn rotator cuff repaired 23410		
I had a torn meniscus in my knee repaired 27403		
I had a torn tendon (ACL) in my knee repaired 27403		
MEDICATION HISTORY		
I am taking alendronate (Fosamax) now		I am taking Evista (raloxifene) now
I took alendronate (Fosamax) in the past		I took Evista (Raloxifene) in the past
I had side-effects on alendronate (Fosamax)		I had side-effects on Evista (raloxifene)
I am presently taking Actonel (risedronate) treatment		I take Boniva now
I had side-effects on Actonel (risedronate)		I took Boniva in the past
I took Actonel (risedronate) in the past.		I had side effects on Boniva
I am taking Reclast for osteoporosis now		I am taking Forteo for osteoporosis
I took Reclast for osteoporosis		I took Forteo for osteoporosis in the past
I had side effects with Reclast		I had side effects on Forteo
I am taking calcitonin (Calcimar, Miacalcin) now		I am being treated with Prolia for osteoporosis
I took calcitonin in the past (Calcimar, Miacalcin)		I took Prolia for osteoporosis in the past
I had side-effects on calcitonin (Calcimar, Miacalcin)		I had side effects with Prolia
I am taking estrogen therapy now		I am taking birth control pills now
I took estrogen after menopause in the past		I took birth control pills in the past
I had side-effects on estrogen after menopause		I had side-effects on birth control pills
I am taking testosterone now		I take DHEA now
I took testosterone in the past		I took DHEA in the past
I has side effects on testosterone		I had side effects on DHEA
I am taking fluoride treatment now		I am taking etidronate (Didronel) now
I had side-effects on fluoride		I took etidronate (Didronel) in the past.
I took fluoride in the past for osteoporosis		I had side-effects on etidronate (Didronel)
I take strontium now for treatment of prevention		I am taking tamoxifen (Novaldex) now
I took strontium in the past for treatment of prevention		I took tamoxifen (Novaldex) in the past
I had side effects with strontium		I had side-effects on tamoxifen (Novaldex)
I have used thyroid hormone pills		I have a history treatment for cancer with chemotherapy
I have used thiazide diuretics (HCTZ, Maxzide)		I have used GnRH inhibitors (Danocrine, Lupron)
I have used furosemide (Lasix)		I have used cortisone-like drugs (prednisone)
I take an aspirin almost every day to prevent disease		I have used cyclosporin A (Sandimmune)
I have used phenobarbital or phenytoin (Dilantin)		I have used inhaled nasal or lung steroids for
I use natural progesterone cream		I take medication for arthritis almost every day

Notes: _____

I take medication for high cholesterol		I take pills for treatment of diabetes
I use nitroglycerine pills for heart pain (angina)		I take medication for high blood pressure
I am currently using one of the following prescription blood thinners: warfarin (Coumadin), Xarelto, Eliquis Pradaxa Savaysa.		

This is the end of questionnaire. Thank you for taking the time to provide this information.

Medical history reviewed by: _____ **Date:** _____

Notes: _____