

PATIENT INFORMATION RECORD

DR. ERIC F. O'NEILL

MEDICAL INFORMATION: (Please circle YES or NO answers) The information provided on this page will be kept strictly confidential in this office. Medical records are not released to anyone without written authorization.

- | | | | |
|----|--|-----|----|
| 1. | Is your general health good? | YES | NO |
| 2. | Have you ever had severe bleeding after surgery? | YES | NO |
| 3. | Have you ever had a blood transfusion? | YES | NO |
| 4. | Have you been under the care of a medical doctor within the last year? | YES | NO |

Name of medical doctor that examined you last _____

5. Present Medication: (Please list) Prescription, Over-the-Counter, Vitamins & Herbal Supplements _____

6. List hospitalizations or surgeries _____

- | | | | |
|----|---------------------------------|-----|----|
| 7. | Are you now pregnant> | YES | NO |
| 8. | Have you had: | | |
| | Asthma | YES | NO |
| | Rheumatic fever | YES | NO |
| | Tuberculosis | YES | NO |
| | Heart trouble | YES | NO |
| | High blood pressure | YES | NO |
| | Epilepsy | YES | NO |
| | Arthritis (rheumatoid) | YES | NO |
| | Duodenal ulcer | YES | NO |
| | Blood disorder | YES | NO |
| | Hemophilia | YES | NO |
| | Bleeding tendency | YES | NO |
| | Nose bleeds | YES | NO |
| | Diabetes | YES | NO |
| | Cancer | YES | NO |
| | Kidney disease | YES | NO |
| | Hepatitis | YES | NO |
| | Keloids (Scars) | YES | NO |
| | A positive AIDS test | YES | NO |
| | Are you at risk for AIDS? | YES | NO |
| | Psychiatric problems | YES | NO |
| | If yes, have you ever | | |
| | seen a psychiatrist? | YES | NO |

9. Are you allergic to:
- | | | |
|-------------------------|-----|----|
| Penicillin | YES | NO |
| Codeine | YES | NO |
| Sulfa Drugs | YES | NO |
| Other Medications | YES | NO |
- If yes, what? _____
- _____
- _____

10. List daily consumption of:

 Tobacco _____

 Alcohol _____

11. When was your last tetanus shot? _____

SIGNATURE: _____

NOTE: If patient is minor, parent or guardian must sign.

DATE: _____