

Patient's Name _____
Today's date _____

Birth date _____

No Known Drug Allergies

Drug Allergies and Sensitivities

Please list all medications to which you are allergic and your reaction to them. Also list all medications that you react to in a manner that is different than what is intended.

Do you have an allergy to tape? Yes No
Latex? Yes No

* Medications typically used for moderate sedation during a procedure include Meperidine (Demerol), Midazolam (Versed), and/or Fentanyl. Do you have any allergy or sensitivity to any of these drugs? Yes No

****ALL FEMALE PATIENTS - Pregnancy**

Are you now, or is there a possibility that you may be pregnant? Yes No

Medications

Please list all your current medications, vitamins, and herbal supplements that you take regularly.

Medication	Dosage	# times a day	Reason for taking med

Medical diagnoses

Please list all health problems for which you see a physician.

Previous Surgeries and Procedures

Please list your previous surgeries and procedures and the year that they were done.

Check the types of anesthesia that your have received. General Sedation Epidural
Have you had any problems with anesthesia in the past? Yes No

If yes, describe _____

Patient / Guardian Signature _____

Reviewed by _____ Date _____