



CURRENT MEDICATIONS (include strength & directions for all medications including over the counter)

Indicate by marking here if no medications taken regularly _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

PAIN CLINIC – Are you currently being treated by a pain specialist? ___Yes ___No

If so, please list the doctor/clinic information and phone number below:

ALLERGIES & REACTION (please list current known drug allergies including betadine and latex and the reaction)

If no known drug allergies (including betadine and latex) please indicate by checking here: No Known Allergies _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

PAST SURGERIES (please list all past surgeries including date performed if known) Indicate by marking here if none _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____