

(Doctor use only) Antibiotics rxn discussed

Health History

Chest pain	Address City State Zip Have you taken any medications or drugs during the past two years? O Yes O No Are you taking any medications, pills, or drugs now? O Yes O No If yes, please list name and dosage Name/Dosage Name/Dos	Address City State Zip Have you taken any medications or drugs during the past two years? Yes O No Are you taking any medications, pills, or drugs now? O Yes O No If yes, please list name and dosage	Address City State Zip Have you taken any medications or drugs during the past two years? O Yes O No Are you taking any medications, pills, or drugs now? O Yes O No If yes, please list name and dosage Name/Dosage Name/Dosa
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Heart Murmur	Heart Murmur O Yes O No Glaucoma O Yes O No Hemophilia O Yes High blood pressure O Yes O No Emphysema O Yes O No Sickle cell disease O Yes	Heart Murmur O Yes No Glaucoma O Yes No Hemophilia O Yes No No Hemophilia O Yes No No Mitral valve prolapse O Yes No Artificial heart valve O Yes O No Asthma O Yes O No Asthma O Yes O No Arthritis/rheumatism O Yes O No Allergies or hives O Yes O No Sinus troubles O Yes O No Hemophilia O Yes O No Sickle cell disease O Yes O No Liver disease O Yes O No Jaundice O Yes O No Neurological disorders O Yes O No Fainting or dizzy spells O Yes O No	Heart Murmur
High blood pressure O Yes O No Emphysema O Yes O No Sickle cell disease O Yes Mitral valve prolapse O Yes O No Tuberculosis O Yes O No Liver disease O Yes Artificial heart valve O Yes O No Asthma O Yes O No Daundice O Yes	High blood pressure O Yes O No Emphysema O Yes O No Sickle cell disease O Yes	High blood pressure O Yes O No Mitral valve prolapse O Yes O No Artificial heart valve O Yes O No Asthma O Yes O No Asthma O Yes O No O Yes O No Asthma O Yes O No Asthma O Yes O No Arthritis/rheumatism O Yes O No Allergies or hives O Yes O No Sickle cell disease O Yes O No Liver disease O Yes O No Aundice O Yes O No Neurological disorders O Yes O No Cortisone medicine O Yes O No Sinus troubles O Yes O No Fainting or dizzy spells O Yes O No	High blood pressure
Mitral valve prolapse		Mitral valve prolapse O Yes O No Artificial heart valve O Yes O No Asthma O Yes O No D Yes O No Asthma O Yes O No Asthma O Yes O No D Yes O No Asthma O Yes O No Asthma O Yes O No D Yes O No Arthritis/rheumatism O Yes O No Allergies or hives O Yes O No Cortisone medicine O Yes O No Sinus troubles O Yes O No D Yes O No Epilepsy or seizures O Yes O No Fainting or dizzy spells O Yes O No	Mitral valve prolapse O Yes O No Tuberculosis O Yes O No Liver disease O Yes O Artificial heart valve O Yes O No Asthma O Yes O No Daundice O Yes O Yes O No Pacemaker O Yes O No Latex sensitivity/allergy O Yes O No Neurological disorders O Yes O Yes O Yes O No Epilepsy or seizures O Yes O Yes O Yes O Yes O No Sinus troubles O Yes O No Painting or dizzy spells O Yes O Yes O No Diet (special/restricted) O Yes O No Chemotherapy O Yes O No Panic attacks O Yes O Yes O Yes O No O Yes O No Posychiatric/psychological care O Yes O No O Y
Artificial heart valve		Artificial heart valve	Artificial heart valve
Pacemaker O Yes O No Latex sensitivity/allergy O Yes O No Neurological disorders O Yes Arthritis/rheumatism O Yes O No Allergies or hives O Yes O No Epilepsy or seizures O Yes		Pacemaker O Yes O No Latex sensitivity/allergy O Yes O No Arthritis/rheumatism O Yes O No Allergies or hives O Yes O No O Yes O No Cortisone medicine O Yes O No Sinus troubles O Yes O No Fainting or dizzy spells O Yes O No	Pacemaker
Arthritis/rheumatism O Yes O No Allergies or hives O Yes O No Epilepsy or seizures O Yes		Arthritis/rheumatism	Arthritis/rheumatism
		Cortisone medicine O Yes O No Sinus troubles O Yes O No Fainting or dizzy spells O Yes O No	Cortisone medicine O Yes O No Sinus troubles O Yes O No Fainting or dizzy spells O Yes O Stroke O Yes O No Radiation therapy O Yes O No Nervous/anxious O Yes O Ye
	Arthritis/rheumatism O Yes O No Allergies or hives O Yes O No Epilepsy or seizures O Yes		Stroke O Yes O No Radiation therapy O Yes O No Nervous/anxious O Yes O O No Diet (special/restricted) O Yes O No Chemotherapy O Yes O No Artificial joints (hip, knee, etc.) O Yes O No Tumors O Yes O No Psychiatric/psychological care O Yes O
Cortisone medicine O'Yes O'No Sinus troubles O'Yes O'No Fainting or dizzy spells O'Yes	Cortisone medicine O Yes O No Sinus troubles O Yes O No Fainting or dizzy spells O Yes	Stroke Over ONe Radiation therapy Over ONe Nervous/anxious Over ON	Diet (special/restricted) O Yes O No Chemotherapy O Yes O No Panic attacks O Yes O Artificial joints (hip, knee, etc.) O Yes O No Tumors O Yes O No Psychiatric/psychological care O Yes O
Stroke O Yes O No Radiation therapy O Yes O No Nervous/anxious O Yes	Stroke O Yes O No Radiation therapy O Yes O No Nervous/anxious O Yes	O les	Artificial joints (hip, knee, etc.) O Yes O No Tumors O Yes O No Psychiatric/psychological care O Yes O
Diet (special/restricted) O Yes O No Chemotherapy O Yes O No Panic attacks O Yes	Diet (special/restricted) O Yes O No Chemotherapy O Yes O No Panic attacks O Yes	Diet (special/restricted) O Yes O No Chemotherapy O Yes O No Panic attacks O Yes O N	
Artificial joints (hip, knee, etc.) O Yes O No Tumors O Yes O No Psychiatric/psychological care O Yes	Artificial joints (hip, knee, etc.) O Yes O No Tumors O Yes O No Psychiatric/psychological care O Yes		Kidney trouble O Yes O No Hepatitis O Yes O No Metal allergies/reactions O Yes O
Kidney trouble O Yes O No Hepatitis O Yes O No Metal allergies/reactions O Yes			
Do you have or have you had any disease, condition, or problem not listed?	Kidney trouble O Yes O No Hepatitis O Yes O No Metal allergies/reactions O Yes	Artificial joints (hip, knee, etc.) O Yes O No Tumors O Yes O No Psychiatric/psychological care O Yes O No	Do you have or have you had any disease, condition, or problem not listed?
7. Do you have or have you had any disease, condition, or problem not listed?		Artificial joints (hip, knee, etc.) O Yes O No Tumors O Yes O No Psychiatric/psychological care O Yes	Do you have or have you had any disease, condition, or problem not listed?
	Artificial joints (rilp, kriee, etc.) O Yes O No Iumors O Yes O No Psychiatric/psychological care O Yes		Trainey trouble O Yes O No Prepatition O Yes O No Wetal dilergies/reactions O Yes O
Kidney trouble O Yes O No Hepatitis O Yes O No Metal allergies/reactions O Yes		Artificial joints (hip, knee, etc.) O Yes O No Tumors O Yes O No Psychiatric/psychological care O Yes O No	
Do you have or have you had any disease, condition, or problem not listed?	Kidney trouble O Yes O No Hepatitis O Yes O No Metal allergies/reactions O Yes	Artificial joints (hip, knee, etc.) O Yes O No Tumors O Yes O No Psychiatric/psychological care O Yes O No	Do you have or have you had any disease, condition, or problem not listed?