Medical History

Pharmacy Name: _____ Pharmacy Phone #: _____

Pharmacy Address: _____

Are you currently taking any medications? ❑Yes ❑No

If yes, please list: _____

_____

Do you have any current health problems? ❑Yes ❑No

Have you ever been hospitalized? ❑Yes ❑No
If yes, please explain: _____

Have you had any surgical procedures in the past 12 months? ❑Yes ❑No
If yes, please explain: _____

Do you require to take antibiotics or premedication for any procedures? ❑Yes ❑No

Do you use tobacco? ❑Yes ❑No

Do you vape or use e-cigarettes? ❑Yes ❑No

Do you use controlled substances? ❑Yes ❑No

Women: Are you pregnant? ❑Yes ❑No If yes, how many months_____ **Nursing?** ❑Yes ❑No

Is there any other medical or dental information that you feel we should know about?: _____

_____

_____

Are you currently taking any of the following medications:

❑ Nerve Pills ❑Pain Killers ❑Muscle Relaxers ❑Stimulants ❑Blood Thinners ❑Tranquilizers ❑Insulin

❑Other(s), please List: _____

Do you have, or have you had any of the following diseases, medical conditions, or procedures?:

____ Heart Attack/ Stroke	____ Thyroid Problems	____ Cancer/Tumors	____ Low Blood Pressure
____ Heart Surgery	____ Kidney Problems	____ Shingles	____ Herpes
____ Heart Murmur	____ Liver Problems	____ Hepatitis Type____	____ Chemotherapy
____ Heart Disease	____ Respiratory Problems	____ HIV+/AIDS/ARC	____ Asthma
____ Mitral Valve Prolapse	____ Sinus Problems	____ Arthritis/Rheumatism	____ Difficulty Breathing
____ Artificial Valves	____ Stomach Prob./Ulcer	____ Artificial Bone/Joint	____ Diabetic/Hypoglycemia
____ Rheumatic Fever	____ Psychiatric Care	____ Emphysema	____ Leukemia
____ Congenital Heart Defect	____ Venereal Disease	____ Seizures/Epilepsy	____ Anemia
____ Scarlet Fever	____ Alcohol/Drug Abuse	____ Severe Headaches	____ High Blood Pressure
____ Cosmetic Surgery	____ Tuberculosis TB	____ Frequent Neck Pain	____ Bleeding Problems
____ Chest Pains	____ Jaw Prob. TMJ/TMD	____ Back Problems	____ Glaucoma

Patient Name: _____ Relationship to Patient: _____

Signature: _____ Date: _____

DR. JOHN J. MROZEK & Dr. Philip Peluso

7017 W. Archer • Chicago, IL 60638
Phone: 773.229.1050 • www.drmrozek.com