## **Family History**

Through Blood Relative is there any family history of t	the following and if so please list what family member in
relation to:	
Alzheimer's:	Arthritis:
Diabetes :	Blood Disorders:
Stroke:	High Cholesterol:
Heart Disease:	Cancer:
High Blood Pressure:	Kidney Disease:

Medication Name	Milligram

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It is important that we have listed all of your medications you are currently on. If you have a list we can take a copy for you but if you do not remember all of them or the MGs you will need to call your pharmacy or primary care physician and have them fax a copy to our office. Our fax number is 706-548-1550. If we do not have all of your current medications we may not be able to give a prescription due to medications counter acting with another.

## Allergies

Please check, list reactions	YES	NO	REACTION
Tape/Adhesives			
lodine			
Latex			
NSAIDS/Anti-inflammatories			
Sulfa Drugs			
Penicillin/Amoxicillin/ Cillin drugs			
Novocaine			
Cortisone			
Aspirin			