DR. MICHAEL SCOTTO

PATIENT NAME_____ **BIRTH DATE**_____

MEDICATIONS **[ ] Please check if you are taking NONE PRESENTLY**

PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING (INCLUDING PRESCRIPTIONS, OVER-THE-COUNTER MEDS AND HERBAL SUPPLEMENTS)

NAME

ALLERGIES **[ ] Please check if you have NO KNOWN ALLERGIES**

	Type of Reaction		Type of Reaction
[ ] Adhesive tape		[ ] Latex	
[ ] Aspirin		[ ] Novocaine/Anesthetics	
[ ] Codeine		[ ] Penicillin	
[ ] Epinephrine		[ ] Seasonal	
[ ] Food		[ ] Sulfa	
[ ] Iodine/Seafood		[ ] Other _____	

CHECK ANY OF THE FOLLOWING YOU HAVE NOW OR IN THE PAST

[ ] Acid Reflux	[ ] Epilepsy/Seizures	[ ] Pregnancy – [ ] At Present
[ ] Anemia	[ ] Fainting/Low Blood Pressure	[ ] Pacemaker
[ ] Angina	[ ] Fibromyalgia	[ ] Paralysis
[ ] Arthritis	[ ] Gout	[ ] Parkinson's disease
[ ] Artificial Heart Valves	[ ] Heart Attack	[ ] Peripheral Vascular Disease
[ ] Artificial Joints/Hardware	[ ] Heart Disease/Murmurs	[ ] Polio
[ ] Asthma	[ ] Hepatitis	[ ] Psychiatric Care/Disorder
[ ] Back Pain/Problems	[ ] High Blood Pressure	[ ] Reflex Sympathetic Dystrophy
[ ] Bladder Infections	[ ] High Cholesterol	[ ] Rheumatic Fever
[ ] Bleeding Disorders	[ ] HIV+/AIDS	[ ] Rheumatoid Arthritis
[ ] Blood Clots/DVT	[ ] Kidney Disease/Dialysis	[ ] Sickle Cell Disease
[ ] Blood Transfusions	[ ] Liver Disease	[ ] Stomach Ulcers
[ ] Cancer	[ ] Migraines	[ ] Stroke
[ ] Cerebral Palsy	[ ] Mitral Valve Prolapse	[ ] Thyroid Disease
[ ] Chemical Dependency	[ ] Multiple Sclerosis	[ ] Tuberculosis
[ ] Diabetes	[ ] Nervous Problems/Anxiety	[ ] Venereal Disease
[ ] Emphysema/COPD	[ ] Neuropathy	[ ] Other _____

SOCIAL HISTORY

Smoking Status [ ] Never smoked [ ] Former Smoker [ ] Current Smoker

If you smoke, how much do you smoke a day? _____

How long have you smoked? _____

Do you drink Alcohol? [ ] Yes [ ] No If yes, is it infrequent, social, weekly, daily? (Please circle)

Do you/have you used Drugs? [ ] Yes [ ] No If yes, please describe_____

PLEASE LIST ALL PRIOR SURGERIES

Type of Surgery	Date	Type of Surgery	Date