

**WHAT IS YOUR MAIN COMPLAINT?**

**WHO REFERRED YOU TO DR. AHN?**

**FATHER'S FIRST NAME?**

**MOTHER'S FIRST NAME?**

**1.) Do you have or have you had any of the following:**

- |   |     |
|---|-----|
| a. Rheumatic disease  | Y N |
| b. Congenial heart disease  | Y N |
| c. Cardiovascular disease (heart disease, heart attack, stroke, angina, arteriosclerosis, high blood pressure, low blood pressure): | Y N |
| d. Sinus trouble  | Y N |
| e. Asthma, hay fever  | Y N |
| f. A cardiac pacemaker  | Y N |
| g. Neurological disorder  | Y N |
| h. Diabetes   | Y N |
| i. Liver disease, (hepatitis, jaundice):  | Y N |
| j. Arthritis  | Y N |
| k. Stomach disease (ulcers)   | Y N |
| l. Intestinal disease polyps  | Y N |
| m. Kidney   | Y N |
| n. Lung disease (tuberculosis, pneumonia)   | Y N |
| o. Venereal disease (herpes, gonorrhea)   | Y N |
| p. HIV/AIDS   | Y N |
| q. Blood disease (anemia, hemophiliac)  | Y N |
| r. Family history of diabetes   | Y N |

**2.) Have you ever been hospitalized or had any surgery?**

**3.) What medications are you presently taking?**

**4.) Have you ever been given antibiotics by injection?**

**5.) Are you allergic to and/or react badly to:**

- |   |     |
|---|-----|
| a. Local anesthetics                        | Y N |
| b. Penicillin or antibiotics                | Y N |
| c. Aspirin                                  | Y N |
| d. Codeine or other narcotics               | Y N |
| e. Sulfas                                   | Y N |
| f. Sedatives (sleeping pills, barbiturates) | Y N |

**6.) Is there a possibility that you might be pregnant?** Y N