

MEDICAL HISTORY

Please Answer YES to each of the following you have, or have had in the past. Please answer NO to all that you do not now have, and have not had in the past:

- | | | |
|----------------------------|------------------------|----------------------------|
| _____ Heart Trouble | _____ Artificial Joint | _____ Anemia |
| _____ High Blood Pressure | _____ Herpes | _____ Tuberculosis |
| _____ Low Blood Pressure | _____ Hepatitis | _____ Venereal Disease |
| _____ Circulatory Problems | _____ Liver Disorder | _____ Arthritis |
| _____ Heart Murmur | _____ Kidney Disorder | _____ Radiation Treatments |
| _____ Heart Pacemaker | _____ Diabetes | _____ Bleeding Problems |
| _____ Rheumatic Fever | _____ AIDS or ARC | _____ Seizures |
| _____ Cancer | _____ HIV Positive | _____ Psychiatric Care |
| _____ Substance Abuse | _____ Eating Disorder | _____ Other |

Are you pregnant? _____

Have you ever had an unusual reaction to any drug or anesthetic? (Please answer yes or no) _____

If yes please explain _____

Your Physician's Name _____ City _____ Last Exam _____

Are you presently under a physician or other therapist's care? _____

List all medications you presently take and why (use other side if needed):

Drug _____ Condition _____

Drug _____ Condition _____

Is there any other information about your health which you feel we should know? _____

Please continue on the back of this page if necessary.

ACKNOWLEDGEMENT OF ACCURACY AND FINANCIAL RESPONSIBILITY

The above information is accurate and true to the best of my knowledge. I understand that any false statement above may cause a compromise in my treatment or result in the doctor's refusal to treat me. I also understand that I am responsible to pay for services rendered. In the event of default this will include reasonable attorney's fees and costs of collection. I further understand that if payment becomes 120 days past due, delinquency charges at the lesser of the annual rate of 18%, or the maximum allowable rate, will be due on delinquent amounts from the date the payment was due.

Signature Date