

PATIENT'S PERSONAL MEDICAL HISTORY (List any details)

- NO PERTINENT PAST MEDICAL HISTORY**
- ASTHMA** _____
- AUTOIMMUNE DISORDER** _____
- CANCER** _____
- DEMENTIA** _____
- DIABETES** _____
- GASTROINTESTINAL** _____
- HEART DISEASE** _____
- LIVER DISEASE** _____
- HIGH BLOOD PRESSURE** _____
- HIGH CHOLESTEROL** _____
- HIV** _____
- IMMUNOSUPPRESSION** _____
- KIDNEY DISEASE** _____
- OTHER HISTORY** _____
- PACEMAKER/DEFIBRILLATOR** _____
- PLANNING FUTURE PREGNANCY** _____
- PREGNANT/LACTATING** _____
- RADIATION THERAPY** _____
- SHINGLES** _____
- STROKE** _____
- THYROID DISORDER** _____
- TUBERCULOSIS** _____