

MEDICAL HISTORY UPDATE

1. Are you under care of a medical doctor or health professional presently, and if so, why, and have you had any recent hospitalizations?
2. Do you have any illness, heart disease/problem, heart murmur, congenital heart defect, prosthetic or tissue heart valves, prosthetic joints or any other medical problem?
3. Have you ever been treated for osteoporosis, breast cancer, prostate cancer, bone cancer or multiple myeloma? If so, when and which medications?
4. Are you taking any medications or have you taken any recently; and if so, which medications?
5. Have you ever taken or are you taking any of the following medications: Fosamex (alendronate), Actenol (risedronate), Aredia, Zometa, Didronel, Skelid, or Boniva?
6. Do you have a history of allergies to drugs, latex or other substances?
7. Have you ever had any bleeding or poor healing following an injury or any surgery, including extractions?

Patient's Signature - _____ Date - _____