Have you ever taken any of the group of drugs collectively referred to as "fen-phen"? include combinations of Ionimin, Adipex, Fastin (brand names of phentermine), Pondimin (fenfluramine) and Redux (dexfenfluramine). ○ YES ○ NO

Place a mark on "YES" or "NO" to indicate if you have had any of the following:

AIDS/HIV	○ YES	○ NO	Epilepsy	○ YES	○ NO	Radiation Treatment	○ YES	○ NO
Anemia	○ YES	○ NO	Fainting or dizziness	○ YES	○ NO	Respiratory Disease	○ YES	○ NO
Arthritis, Rheumatism	○ YES	○ NO	Glaucoma	○ YES	○ NO	Rheumatic Fever	○ YES	○ NO
Artificial Heart Valves	○ YES	○ NO	Headaches	○ YES	○ NO	Scarlet Fever	○ YES	○ NO
Artificial Joints	○ YES	○ NO	Heart Murmur	○ YES	○ NO	Shortness of Breath	○ YES	○ NO
Asthma	○ YES	○ NO	Heart Problems	○ YES	○ NO	Sinus Trouble	○ YES	○ NO
Back Problems	○ YES	○ NO	Hepatitis Type _____	○ YES	○ NO	Skin Rash	○ YES	○ NO
Bleeding abnormally, with Extractions or surgery	○ YES	○ NO	Herpes	○ YES	○ NO	Special Diet	○ YES	○ NO
			High Blood Pressure	○ YES	○ NO	Stroke	○ YES	○ NO
Blood Disease	○ YES	○ NO	Jaundice	○ YES	○ NO	Swollen Feet or Ankles	○ YES	○ NO
Cancer	○ YES	○ NO	Jaw Pain	○ YES	○ NO	Swollen Neck Glands	○ YES	○ NO
Chemical Dependency	○ YES	○ NO	Kidney Disease	○ YES	○ NO	Thyroid Problems	○ YES	○ NO
Chemotherapy	○ YES	○ NO	Liver Disease	○ YES	○ NO	Tonsillitis	○ YES	○ NO
Circulatory Problems	○ YES	○ NO	Low Blood Pressure	○ YES	○ NO	Tuberculosis	○ YES	○ NO
Congenital Heart Lesions	○ YES	○ NO	Mitral Valve Prolapse	○ YES	○ NO	Tumor or growth on head or neck	○ YES	○ NO
Cortisone Treatments	○ YES	○ NO	Nervous Problems	○ YES	○ NO	Ulcer	○ YES	○ NO
Cough, persistent or bloody	○ YES	○ NO	Pacemaker	○ YES	○ NO	Venereal Disease	○ YES	○ NO
Diabetes	○ YES	○ NO	Psychiatric Care	○ YES	○ NO	Weight Loss, unexplained	○ YES	○ NO
Emphysema	○ YES	○ NO						
Do you wear contact lenses?	○ YES	○ NO						

Women:

Are you pregnant? ○ YES ○ NO Due date_____ Are you nursing? ○ YES ○ NO

Taking birth control pills? ○ YES ○ NO

Patient Signature _____