

Patient history of side effects and sensitivities to drugs

1. Are you sensitive to any prescription or nonprescription drugs? If so, please list and describe:

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2. How are you affected by alcohol?

Check one and describe:

- Easily Moderately Not affected

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3. Do some drugs make you tired or sleepy? If so, please list and describe:

- Cold or allergy remedies or antihistamines (such as Benadryl, Claritin, Contac, Tavist):

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- Tranquilizers or anticonvulsants (such as Ativan, Valium, Xanax):

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- Others, such as motion-sickness remedies or antinausea agents:

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4. Do some drugs give you energy or cause anxiety or insomnia? If so, please list and describe:

- Coffee, tea, chocolate, other caffeine- like substances:

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- Appetite suppressants (prescription or nonprescription) :

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- Cold or allergy remedies or decongestants (such as Sudafed):

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- Others:

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5. Have you ever had a reaction to epinephrine (adrenaline chloride, often injected by dentists along with pain-numbing medication)?

Typical reactions include palpitations, sweating, anxiety and headaches.

- Yes No

6. Have you had any side effects from any other prescription or nonprescription drugs (such as impaired memory or coordination, blurred vision, headaches, indigestion, diarrhea, constipation, dizziness, palpitations, rashes, swelling, ringing in the ears, other reactions)? If so, please list the drugs and describe side effects:

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7. Overall, how would you describe yourself with regard to medications?

- Very sensitive
 Not particularly sensitive
 Very tolerant; usually require high doses