



Please check all that apply:

- | | |
|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> asthma<input type="checkbox"/> hay fever<input type="checkbox"/> eczema or dry skin<input type="checkbox"/> rash<input type="checkbox"/> new or changing moles<input type="checkbox"/> new or suspicious lesions<input type="checkbox"/> fever or chills<input type="checkbox"/> night sweats<input type="checkbox"/> GI upset with antibiotics <hr/> | <ul style="list-style-type: none"><input type="checkbox"/> immunosuppression<input type="checkbox"/> problems with healing<input type="checkbox"/> problems with scarring (hypertrophic or keloid)<input type="checkbox"/> thyroid problems<input type="checkbox"/> unintentional weight loss<input type="checkbox"/> yeast infections with antibiotics<input type="checkbox"/> nausea or vomiting<input type="checkbox"/> abdominal pain<input type="checkbox"/> bloody stool<input type="checkbox"/> painful or frequent urination<input type="checkbox"/> bloody urine<input type="checkbox"/> problems with bleeding<input type="checkbox"/> headaches<input type="checkbox"/> seizures<input type="checkbox"/> blurry vision<input type="checkbox"/> sore throat<input type="checkbox"/> chest pain<input type="checkbox"/> shortness of breath<input type="checkbox"/> wheezing<input type="checkbox"/> cough<input type="checkbox"/> tuberculosis history<input type="checkbox"/> anxiety<input type="checkbox"/> depression<input type="checkbox"/> joint aches<input type="checkbox"/> muscle weakness<input type="checkbox"/> neck stiffness |
| <ul style="list-style-type: none"><input type="checkbox"/> artificial joints within past two years<input type="checkbox"/> artificial heart valve<input type="checkbox"/> pacemaker<input type="checkbox"/> defibrillator<input type="checkbox"/> premedication prior to procedures<input type="checkbox"/> pregnancy or planning a pregnancy<input type="checkbox"/> allergy to lidocaine<input type="checkbox"/> allergy to latex<input type="checkbox"/> allergy to adhesive tapes<input type="checkbox"/> allergy to topical antibiotic ointments<input type="checkbox"/> rapid heartbeat with epinephrine<input type="checkbox"/> HIV<input type="checkbox"/> hepatitis B or C<input type="checkbox"/> blood thinners | |