



Name: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

<b>LATEX ALLERGY</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PLEASE LIST DRUG AND FOOD ALLERGIES BELOW:</b>																																																															
(*related foods banana, avocado, kiwi, chestnut)																																																																
<b>PLEASE LIST CURRENT MEDICATIONS INCLUDING HERBAL AND OVER THE COUNTER , INCLUDE ANY DIET MEDICATIONS BELOW:</b> (FOR ADDITIONAL SPACE USE BACK OF FORM)																																																																
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**Patients with Lab, Xrays, EKG or any other pre-admit testing, please have testing completed no earlier than 3-5 days before scheduled surgery. Please complete the medical history form. Return forms to CLSH as soon as possible.**