Gloria Tucker MD

Diplomate of the American College of Sports Medicine

Name_____Date_____

Address_____

City_____State_____Zip Code_____

Email_____ phone (H)_____(C)_____

Birthdate_____Age_____Sex_____

Occupation_____Employer_____

Who may we thank, in your name, for referring you? _____

(We offer 10% off for the next treatment of your referring friend)

Who to call in case of Emergency? _____

Phone Number_____2nd phone_____

Have you ever had/do have cancer? Y/N If so, where? _____

If so, how long has your cancer been in remission? _____

Are you on blood thinners? Y/N For what condition? _____

Are you interested in taking a mild pain medicine before the procedure? Y/N If so, please arrange this at your consultation.

Do you have any allergies? _____

Any heart disease? _____ stroke?_____seizure?_____

Do you smoke? Y/N How much?_____Drink? Y/N How much? _____

Are you pregnant? Y/N Have you ever taken cipro floxacillin or fluroquinolone antibiotics? Y/N

IT IS VERY IMPORTANT THAT YOU READ "BEFORE YOUR PROCEDURE" AND "AFTER YOUR PROLOTHERAPY TREATMENT" ON OUR WEBSITE AT www.gloriatuckermd.com

Our fees are due and payable at the time of service.

Signature_____