

Updated \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_  
Last First M.I.

1. Do you have, or are you being treated for, **high blood pressure?** Yes No
2. Do you have, or are you being treated for, **diabetes?** Yes No  
Do you take insulin? Yes No
3. Do you have **sleep apnea, asthma** or any **breathing disorder?** Yes No
4. Do you have a history of **excessive bleeding or anemia?** Yes No
5. Any other **illness:** None
6. Do you smoke **cigarettes?** Yes No  
How many per day? \_\_\_\_\_
7. Any **conditions** which require you to take antibiotics before surgery/ dental work? Yes No  
What is condition: \_\_\_\_\_
8. Do you use **aspirin** or **ibuprofen** products regularly? Yes No
9. Specify any **medication** you are **allergic** to: No known allergies
10. Are you **allergic** to **latex?** Yes No
11. **List all prior operations** (include year of surgery)
  
12. List all **current medications taken (including dosage):** None  
(include herbal supplements, vitamins, dietary aids, aspirin, etc.- anything taken daily)

I request direct payment of authorized medical benefits be made to Dr. Woodyard for any services furnished me by said physician. I permit a copy of this consent to be used in place of the original copy. This assignment will remain in effect until I revoke, in writing, this consent. I understand I am responsible for paying the portion due according to the contract of my insurance carrier. If no insurance exists, whether due to lapse/termination of coverage or simply lack of coverage, I understand I am financially responsible for all charges for services performed for me or my legal dependent.

I give consent for the use and disclosure of Private Healthcare Information to be used for treatment, payment, and healthcare operations on my behalf (refer to "Notice of Privacy Practices" for information on how this office handles patient private documents). I acknowledge receipt of "Notice of Privacy Practices (additional copies in the Waiting Room).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date