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Additional	Patient Infor	mation Forn	n		
Are you curre	ently taking an	y medications	? (Please circle one	e) Yes No	
f yes, please li	st PLEAS	E INCLUDE	DOSE AND HO	OW OFTEN TAK	EN:
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Are you aller	gic to any med	lications? (Plea	ase circle one)	Yes No	
If yes, please I	ist				
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What is you	r race? (Please	circle one)			į
What is you	r race? (Please		Asian	American Indian or	Alaska Na
White	s s	an American	Asian Other Race	American Indian or	
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