

ARE APPETITIE SUPPRESSANTS RIGHT FOR ME?

CIRCLE YES OR NO TO THE FOLLOWING QUESTIONS:

1. ARE YOU OVER 60 YEARS OLD OR UNDER 18 YEARS OLD? YES NO
2. ARE YOU CURRENTLY PREGNANT OR BREASTFEEDING? YES NO
3. DO YOU HAVE HIGH BLOOD PRESSURE? YES NO
If yes, list B/P medication on _____
4. DO YOU HAVE GLAUCOMA? YES NO
If yes, please specify: _____
5. DO YOU HAVE A HEART PROBLEM? YES NO
If yes, please specify: _____
6. DO YOU HAVE KIDNEY OR LIVER PROBLEMS? YES NO
7. HAVE YOU EVER HAD DRUG OR ALCOHOL ABUSE? YES NO
8. DO YOU CURRENTLY TAKE AN ANTIDEPRESSANT? YES NO
If so, please specify: _____
9. DO YOU HAVE A HISTORY OF MAJOR DEPRESSION OR MANIC-DEPRESSIVE DISORDER? YES NO
10. DO YOU HAVE PULMONARY HYPERTENSION? YES NO
11. WILL YOU BE UNDER GENERAL ANESTHESIA IN THE NEXT TWO WEEKS? YES NO
12. ARE YOU CURRENTLY TAKING LITHIUM? YES NO
13. HAVE YOU EVER TAKEN PHEN-FEN OR REDUX? YES NO
14. DO YOU DRINK MORE THAN 2 CUPS OF COFFE OR TEA DAILY? YES NO
15. DO YOU DRINK MORE THAN 2 (12 OZ.) CAFFENINATED BEVERAGES DAILY? YES NO

Please review this sheet with Geoffrey B. Monsour, MD. If you answered "NO" to all preceding questions, you meet the medical criteria for taking an appetite suppressant. However, other screening material exists, which your health care provider will discuss.