Account#_____

Name:_____ Date: _____ DOB: _____/_____/_____

Surgery/Hospitalizations

□ I have not had any surgeries, nor have I ever been in the hospital.

Please list surgeries and the year performed and hospitalizations and the reason**. Example: Left knee scope Jan/2011 or Hospitalized for 6 days July 2004 for heart attack (Use separate sheet of paper if necessary)**

_____

_____

_____

Medications

□ I have provided an updated list of medications/vitamins to the receptionist.(no need to fill out below)

Please include prescription, over the counter medication and supplements/vitamins/herbs, etc. If you have an update list of medications please provide that to the front desk so a copy can be made. Here are my medications with doses and date started: (Include amount of pills, strength and times per day you take)

_ **Example: aspirin 81mg 1/day started April 2006**___ / _____

_____ / _____

_____ / _____

_____ / _____

Allergies

□ I have no known allergies to medications, foods, or environmental objects.

Please list allergies to medications, environmental, and food objects. Please give a brief description of the allergic reaction, when it started (year) and severity. **Example: Penicillin-Feb 2006, skin rash-mild**

_____ / _____

_____ / _____

_____ / _____

Past Medical History

(Check all that apply)

	Anemia		Blood Clots		Gallbladder		Heart Attack
	Angina		Cancer		GERD		Osteoarthritis
	Anxiety		Stroke		Hepatitis C		Osteoporosis
	Gout		COPD		High Cholesterol		Fainting
	Asthma		Coronary Disease		High Blood Pressure		Rheumatoid Arthritis
	Atrial Fibrillation		Crohn's Disease		Irritable Bowel		Dizziness
	Prostate Disease		Depression		Liver Disease		Neck pain
	Kidney Disease		Diabetes		Migraines		Headaches
	Seizures		Thyroid Disease		Peptic Ulcer		Other: