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Phone:  
Fax:

**Jesus Shot- History -**

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### **Injection History Form**

**Please complete this form to the best of your abilities.**

**Your responses will provide us with information that will help us get to know you, your health and psychosocial history. We are particularly concerned about characteristics or experiences that can affect thinking and feelings. Please answer the questions honestly. Information will be kept confidential as indicated in our privacy notice. We will review this form with you, and you will have a chance to discuss your answers and clarify any questions. Thank you!**

**Primary Care Provider**

**Medications - List Current prescription medications**

[CurrentMeds]

**Illness, Injuries, Operations, Treatments, Known Diagnosis**

**Weight (lbs)**

**Height (inches)**

**Allergies**

**Are you currently in therapy, if so with who?**

**Previous Psychiatric/Mental Health Treatment**

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**Behavioral Medication History**

**Have you been diagnosed as clinically vulnerable**

**Have you received a vaccination in the last 4 weeks?**

**Have you had any infections recently?**

**Recent Bowel Surgery?**

**Kidney or Liver Disorders**

**Cancer Diagnosis History**

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**Jesus Shot- History -**

**Osteoporosis (thin or brittle bones)**

**Myasthenia Gravis**

**High Blood Pressure**

**Heart Failure**

**Glaucoma or Cataracts**

**Diabetes Diagnosis**

**Taken steroids in the past or any other immunosuppressant medications.**