
Phone:

Fax:

Jesus Shot- History -

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

Phone:

Fax:

Jesus Shot- History -

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

Phone:

Fax:

Jesus Shot- History -

Osteoprosis (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.