

Horizon Medical (HMC4)

9105 Sunset Drive, Chilliwack, BC, V2P 3X8 Fax: 604-392-0882 Phone: 604-392-0881

Patient Medical History Questionnaire

Name: as listed on Care Card _____

Address: _____

Phone Number: _____

Date of birth: _____

Care Card # _____

Current/Previous Medical Doctor: _____

Family History: (High blood pressure, Diabetes, Seizures, Glaucoma etc)

Father: _____

Mother: _____

Personal Information:

Occupation: _____

Do you have any kids? _____ How many? _____

Do you Smoke? _____ How many in a day? _____

Do you Drink? _____ How many units in a day? _____

Do you use Recreational Drugs? _____ If so,

How much per day? _____

Do you exercise? _____ How many times per week? _____

Do you have any Drug Allergies? Please state which ones:

Weight: _____ **Height:** _____

Medical History: (High blood pressure, Diabetes, Seizures, Glaucoma etc)

Please list below-

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Surgical History:

Please list below-

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Medications:

Please list below-

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