Medical History

Name:_____ Today's Date____/____/_____
Birth Date:____/_____/_____Age_____

Current Medical Problems: please tell us what brings you to see the doctor today:
_____
_____
_____
What is your expectation out of today's visit:_____
_____

Past Medical Problems:
Please list all past medical problems (such as diabetes, high blood pressure etc.) and for how long or when you have had it.

1._____How long_____
2._____How long_____
3._____How long_____
4._____How long_____
5._____How long_____
6._____How long_____
7._____How long_____

Past Surgical Problems:
Please list all previous important surgeries, and when done, to the best of your recollection.

1._____When_____
2._____When_____
3._____When_____
4._____When_____
5._____When_____

Medications:
Please list all currently taken medications (or provide us with a list, strength, and frequency)

1._____Strength_____Times per day_____
2._____Strength_____Times per day_____
3._____Strength_____Times per day_____
4._____Strength_____Times per day_____
5._____Strength_____Times per day_____
6._____Strength_____Times per day_____
7._____Strength_____Times per day_____
8._____Strength_____Times per day_____
9._____Strength_____Times per day_____
10._____Strength_____Times per day_____

Allergies: List all medication allergies and non-medicinal allergies, if clearly known, and what reaction do they cause: _____
_____
_____

Family history of medical problems: please list important medical problems in your immediate family only (parents and siblings). Give all details of heart problems known.
1.Father_____
2.Mother_____
3.Brothers_____
4.Sisters_____

Personal History: please give some medically relevant personal details about you.
Smoking: How many years_____ How many cigarettes per day_____
If quit, how long have you quit_____
Alcohol: How many years_____# drinks/day or week_____What kind_____
If quit, how long have you quit_____
Any recreational drugs:_____
Marital status:_____
Work status:_____
Regular exercises:_____

I attest that all details given above are true to the best of my knowledge

Signature_____

Please use the space below for additional information, if needed.