

MEDICAL HISTORY

Please complete both sides

Name: _____ Age: _____ Weight: _____ Height: _____

Please list all previous surgeries _____

Please list all medications you are currently taking: _____

Please list all Herbal Medicines/Supplements you are currently taking: _____

Please list all medications/items you are allergic to: _____

Please describe the allergic reactions you experience: _____

Do you or any of your family members have a history of (please specify, **F**: father, **M**: mother, **B**: brother, **Si**: sister, **D**: daughter, **So**: son)

Stroke	You__Relative__(F,M,B,Si,D,So)	Diabetes	You__Relative__(F,M,B,Si,D,So)
Seizure	You__Relative__(F,M,B,Si,D,So)	High Blood Pressure	You__Relative__(F,M,B,Si,D,So)
Asthma/COPD	You__Relative__(F,M,B,Si,D,So)	Clotting	You__Relative__(F,M,B,Si,D,So)
Heart Attack	You__Relative__(F,M,B,Si,D,So)	Psychiatric Condition	You__Relative__(F,M,B,Si,D,So)
Chest Pain	You__Relative__(F,M,B,Si,D,So)	Cancer	You__Relative__(F,M,B,Si,D,So)
Heart Failure	You__Relative__(F,M,B,Si,D,So)	Hepatitis	You__Relative__(F,M,B,Si,D,So)
Arrhythmia	You__Relative__(F,M,B,Si,D,So)	Malignant Hyperthermia	You__Relative__(F,M,B,Si,D,So)
Kidney Failure	You__Relative__(F,M,B,Si,D,So)	Bleeding	You__Relative__(F,M,B,Si,D,So)

If yes or other, please explain:

Have you ever had MRSA or other antibiotic resistant bacteria? _____

CONTINUE ON BACK

Do you use E Cigs? No _____ Yes _____

Do you use tobacco? No _____ Yes _____

If yes, how much per day? _____ Number of years? _____

If former, year quit? _____

Passive smoke exposure No _____ Yes _____

Do you drink alcohol? No _____ Yes _____

If yes, Frequency: _____ Type: _____

Amount: _____ Last Drink: _____

If you are a female:

Last menstrual period? _____

Could you be pregnant? No _____ Yes _____

Age of menopause? _____

Number of pregnancies? _____ Children _____

Previous history of breast biopsy? _____

Family history of breast cancer? _____

Last screening mammogram _____

PLEASE LIST PREFERRED PHARMACY _____

Patient signature: _____ **Date:** _____