

## MEDICAL HISTORY

Chart # \_\_\_\_\_

Date \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Relation (if other than Patient) \_\_\_\_\_

Marital Status:  Single  Married  Partner  Separated/Divorced  Widowed

### List Family Members:

Name	Age	Relation	Health Problems
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Work History:

Are you employed outside the home? \_\_\_\_\_ Name of Employer \_\_\_\_\_

Past Medical History: \_\_\_\_\_ Are Immunizations Up to Date? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you having any medical problems, if yes, please note below:

\_\_\_\_\_

### Current Medications:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Drug Allergies: \_\_\_\_\_

### List serious injuries:

\_\_\_\_\_  
\_\_\_\_\_

### Past Surgical History:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This document was created with Win2PDF available at <http://www.win2pdf.com>.  
The unregistered version of Win2PDF is for evaluation or non-commercial use only.  
This page will not be added after purchasing Win2PDF.