TEXAS
GENERAL HOSPITAL

Personal Medical History

Name: _____ Birthdate:_____

Physician:_____ Telephone number:_____

_____

Dentist:_____

Your current medical condition:_____

_____

List prescription and non-prescription medications you are taking:_____

_____

_____

Drug sensitivity and allergies (describe):_____

_____

_____

Name of health insurance carrier:_____

_____

_____

Group no.:_____

Agreement no.:_____

Have you ever been told you had one of the following?

Lung disorder	☐ yes	☐ no
High blood pressure	☐ yes	☐ no
Heart trouble	☐ yes	☐ no
Nervous disorder	☐ yes	☐ no
Disease or disorder of the digestive tract	☐ yes	☐ no