

MEDICAL HISTORY FORM

PATIENT NAME	DATE of LAST UPDATE
CURRENT PHYSICIAN NAME	PHONE
CURRENT PHARMACY NAME	PHONE

MEDICAL
HISTORY
FORM

CURRENT and PAST MEDICATIONS

MEDICATION NAME	DOSAGE	FREQ.	PHYSICIAN	START	END DATE	PURPOSE

SURGICAL PROCEDURES

PROCEDURE	PHYSICIAN	HOSPITAL	DATE	NOTES

MAJOR ILLNESSES

ILLNESS	START	END DATE	PHYSICIAN	TREATMENT NOTES

VACCINATIONS

NAME	DATE	NAME	DATE
TETANUS		MENINGITIS	

INFLUENZA VACCINE	
ZOSTAVAX	
OTHER:	

YELLOW FEVER	
POLIO	
OTHER:	

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