

SPRINGFIELD FAMILY MEDICAL CENTER

123 Medical Plaza Drive • Springfield, IL 62701 • Phone: (555) 123-CARE

MEDICAL HISTORY QUESTIONNAIRE

CURRENT MEDICATIONS

Please list ALL medications you are currently taking (including prescription, over-the-counter, vitamins, and supplements):

Medication Name & Strength

Frequency & Purpose

Medication Name & Strength

Frequency & Purpose

Medication Name & Strength

Frequency & Purpose

ALLERGIES

Please list any allergies to medications, foods, or other substances:

Allergen

Reaction

Allergen

Reaction

Allergen

Reaction

☐ No Known Drug Allergies (NKDA)

MEDICAL CONDITIONS

Please list any current or past medical conditions:

Condition

Year Diagnosed

Condition

Year Diagnosed

Condition

Year Diagnosed

SURGICAL HISTORY

Please list any surgeries or procedures you have had:

Surgery/Procedure	Year
<div></div>	<div></div>
Surgery/Procedure	Year
<div></div>	<div></div>
Surgery/Procedure	Year
<div></div>	<div></div>

FAMILY MEDICAL HISTORY

Please provide information about significant medical conditions in your immediate family:

Family Medical History

I certify that the medical history information provided above is accurate and complete to the best of my knowledge. I understand that withholding information regarding my health history may be detrimental to my care or treatment.

Patient Signature

Date

Please be as complete and accurate as possible