

MEDICAL HISTORY

List any and all current medication with doses, including nutritional supplements. (Please use back if needed.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

List all childhood illnesses.

Were you vaccinated? Yes or No

_____	_____
_____	_____

List all adult illnesses.

_____	_____
_____	_____

List all known allergies.

Do you carry an epi-pen? Yes or No

_____	_____
_____	_____

List all surgeries and the date.

_____	_____
_____	_____

List all injuries and the date.

_____	_____
_____	_____

Social History: Often = O Sometimes = S Never = N
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_____ Exercise	_____ Alcohol Use	_____ Caffeine	_____ Drug Use
_____ High Stress Activity	_____ Tobacco Use	_____ Mental Stresses	_____ Family Pressures