Patient Name: ___________________________________ Date of Birth: _____________________________

PAST MEDICAL HISTORY

Do you currently suffer from any chronic medical conditions? If so, please list them below.

1) _____________________________
2) _____________________________
3) _____________________________
4) _____________________________
5) _____________________________
6) __________________________________
7) __________________________________
8) __________________________________
9) __________________________________
10) _________________________________

What medications, vitamins, or herbal supplements are you currently taking?

1) _____________________________
2) _____________________________
3) _____________________________
4) _____________________________
5) _____________________________
6) __________________________________
7) __________________________________
8) __________________________________
9) __________________________________
10) _________________________________

Please list all previous surgeries.

1) _____________________________
2) _____________________________
3) _____________________________
4) _____________________________
5) _____________________________
6) __________________________________
7) __________________________________
8) __________________________________
9) __________________________________
10) _________________________________

Do any medical problems run in your family? (e.g. Diabetes, Heart Disease, etc…)

1) _____________________________
2) _____________________________
3) _____________________________
4) __________________________________
5) __________________________________
6) __________________________________

Are you allergic to any medications? ____

Are you allergic to any foods? ____

Do you smoke? If so, how much? ____

Do you drink alcohol? If so, how much? ____

Do you use any illicit substances? If so, which and how often? _________________________________

Are you sexually active? If so, do you have sex with men, women, or both? _______________________

Is there anything else that you would like to tell us about yourself that we did not ask you about?

____
____
____