MEDICAL HISTORY

NOTE: This information is for official and medically-confidential use only and will not be released to unauthorized persons

NAME OF PATIENT *(Last, first, middle)*			PHONE	AGE
HOME STREET ADDRESS *(Street or RFD; City or Town; State; and ZIP Code)*			MEDICAL ALERT	DATE OF BIRTH
EMERGENCY CONTACT	RELATIONSHIP TO PATIENT	PHONE	PRIMARY PHYSICIAN	
PRIMARY INSURANCE COMPANY			SOCIAL SECURITY NUMBER	
GROUP NUMBER	POLICY NUMBER	ADVANCE DIRECTIVE	OCCUPATION	

STATEMENT OF PATIENT'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED

PAST MEDICAL HISTORY	CURRENT MEDICATION LIST	DOSE AND TIMES
FAMILY MEDICAL HISTORY		

LIST PREVIOUS SURGERIES AND DATE	

ALLERGIES (Include insect bites/stings and common foods)			
		GLASSES	DENTURES
		INFLUENZA VACCINE	PNEUMONIA VACCINE
		HEIGHT	WEIGHT