

# MEDICAL HISTORY

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

|   |                         |                        |                   |
|---|-------------------------|------------------------|-------------------|
| NAME OF PATIENT <i>(Last, first, middle)</i>                                  |                         | PHONE                  | AGE               |
| HOME STREET ADDRESS <i>(Street or RFD; City or Town; State; and ZIP Code)</i> |                         | 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 |
|----------------------|-------------------------|----------------|
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| FAMILY MEDICAL HISTORY | LIST PREVIOUS SURGERIES AND DATE |
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|--|--|-------------------|-------------------|
| ALLERGIES (Include insect bites/stings and common foods) |  | GLASSES           | DENTURES          |
|  |  | INFLUENZA VACCINE | PNEUMONIA VACCINE |
|  |  | HEIGHT            | WEIGHT            |

