

## Medical History - 1 -

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Today's Date \_\_\_\_\_

Current Health Concerns: \_\_\_\_\_

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### List all current prescriptions

Prescribed Medication	Daily Dosage	Prescribed by	Date Started

### List all non-prescription medications, vitamins, minerals, and other supplements

OTC Medication/Vitamin/Etc	Daily Dosage	Taken for	Date Started

Known Allergies (drug, food, substance, etc.): \_\_\_\_\_

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### Personal Medical History: Check the box if you have ever had the following

Congenital Heart Disease	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Cancer	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Lung Disorder	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>
Heart Attack	<input type="checkbox"/>	Thyroid Problem	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>
Digestive Tract Disease	<input type="checkbox"/>	Mental Disorder	<input type="checkbox"/>	Other Major Condition	<input type="checkbox"/>

Describe any checked condition more fully \_\_\_\_\_

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## Medical History - 2 -

Have you been treated by a physician or hospitalized during the last year? \_\_\_\_\_

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Date of Last Exam: Physical \_\_\_\_\_ Eye \_\_\_\_\_ Dental \_\_\_\_\_ Hearing \_\_\_\_\_

**Immunizations: Indicate Date**

Flu Shot _____	Pneumovax (Pneumonia) _____
Hepatitis A _____	Tetanus/Diphtheria (Td) _____
Hepatitis B _____	Varicella (Chicken Pox) _____
Measles, Mumps, Rubella (MMR) _____	Zoster (Shingles) _____

**Family Medical History: Indicate whether any family members have had the following**

Condition	Mother	Father	Brother	Sister	Other
Congenital Heart Disease					
High Blood Pressure					
High Cholesterol					
Heart Attack					
Digestive Tract Disease					
Stroke					
Diabetes					
Kidney Disease					
Thyroid Problem					
Mental Disorder					
Cancer					
Lung Disorder					
Arthritis					
Hepatitis					
Other Major Condition					

Describe any checked condition more fully \_\_\_\_\_

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