**MEDICAL HISTORY FORM TEMPLATE Private Document**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PATIENT NAME** |  |  | **DATE of LAST UPDATE** | MEDICAL HISTORY FORM |
|   |   |
| **CURRENT PHYSICIAN NAME** |  |  | **PHONE** |
|   |   |
| **EMERGENCY CONTACT** |  |  | **PHONE** |
|   |   |
| CURRENT MEDICATIONS |
| **MEDICATION NAME** | **DOSAGE** | **FREQ.** | **PHYSICIAN** | **START**  | **END DATE** | **PURPOSE** |
|   |   |   |   |  |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
| SURGICAL PROCEDURES WITNIN LAST THREE YEARS |
| **PROCEDURE** | **PHYSICIAN** | **PHYSICIAN** | **NOTES** |  |
|   |   |   |   |   |
|   |   |   |   |   |
| MAJOR ILLNESSES OR CONDITION WITHIN THE LAST YEAR |
| **ILLNESS** | **START**  | **END DATE** | **PHYSICIAN** | **NOTES** |
|   |   |   |   |   |
|  |  |  |  |  |
|   |   |   |   |   |
|   |   |   |   |   |
| VACCINATIONS ALERGIES |
| **NAME** | **DATE** |  | **NAME** | **SEVERITY** |  |
| TETANUS |   |  |  |   |  |
| INFLUENZA VACCINE |   |  |  |   |  |
| ZOSTAVAX |   |  |  |   |  |
| COVID |  |  |  |  |  |
| HEPATITUS |  |  |  |  |  |
| OTHER: |   |  |  |   |  |

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_