**MEDICAL HISTORY FORM TEMPLATE Private Document**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
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| SURGICAL PROCEDURES WITNIN LAST THREE YEARS | | | | | | | |
| **PROCEDURE** | **PHYSICIAN** | | **PHYSICIAN** | | | **NOTES** |  |
|  |  | |  | | |  |  |
|  |  | |  | | |  |  |
| MAJOR ILLNESSES OR CONDITION WITHIN THE LAST YEAR | | | | | | | |
| **ILLNESS** | **START** | **END DATE** | **PHYSICIAN** | | **NOTES** | | |
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| VACCINATIONS ALERGIES | | | | | | | |
| **NAME** | **DATE** |  | **NAME** | | | **SEVERITY** |  |
| TETANUS |  |  |  | | |  |  |
| INFLUENZA VACCINE |  |  |  | | |  |  |
| ZOSTAVAX |  |  |  | | |  |  |
| COVID |  |  |  | | |  |  |
| HEPATITUS |  |  |  | | |  |  |
| OTHER: |  |  |  | | |  |  |

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