

CURRENT MEDICATIONS

Please list all current medications INCLUDING vitamins and/or supplements that you are taking:

Medicine

Dose/Frequency

Medicine

Dose/Frequency

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALLERGIES

(Drug, Food, Environmental): Please list any allergies and reaction:

PAST SURGICAL HISTORY AND HOSPITALIZATIONS

(In chronological order):

Reason / Approximate Date

Reason / Approximate Date

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

FAMILY MEDICAL

(Please indicate the current health status of each of your family members):

(If deceased, please indicate cause and approximate age at time of death)

Father: _____

Mother: _____

Siblings: _____

SOCIAL AND PERSONAL HISTORY

(Please ✓ appropriate box):

Married Widowed Single Other: _____

City of Birth? _____ Highest level of education? _____

How many children? _____ Current ages? _____

How long have you lived in San Diego or wherever you currently reside? _____

Notes (Office Use Only)
