

Please list all medications and/or supplements plus the dosage. Also, please list the reason you are taking the medication and /or supplement and how long you have been taking the medication and /or supplement.

DRUG/DOSAGE	PRESCRIBED FOR:	HOW LONG
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUPPLEMENTS/DOSAGE	PRESCRIBED FOR:	HOW LONG
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all Drug, Sinus, and Insect bite allergies.

DRUG	SINUS	INSECT BITES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE CONTINUE TO NEXT PAGE

Please list any family history of medical problems. Thank you

Mother _____

Father _____

Sisters(s) _____

Brother(s) _____

Maternal Grandmother _____

Maternal Grandfather _____

Paternal Grandmother _____

Paternal Grandfather _____

IF PATIENT COMPLETED FORM, PLEASE SIGN BELOW:

I HAVE COMPLETED THIS FORM IN MY OWN HANDWRITING AND BY MY SIGNATURE, I AM STATING THAT ALL THE PREVIOUS INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY ABILITY; I UNDERSTAND FALSIFYING MEDICAL INFORMATION IS CONSIDERED FRAUD AND ILLEGAL IN THE STATE OF ALABAMA.

PATIENT SIGNATURE

DATE

PRINTED NAME

IF ASSISTANCE WAS GIVEN TO PATIENT IN COMPLETION OF THIS FORM, PLEASE READ AND SIGN BELOW:

I HAVE COMPLETED THIS FORM FOR THE PATIENT AS DICTATED TO ME BY THE PATIENT AND/OR BECAUSE THE PATIENT IS A MINOR AND/OR BECAUSE THE PATIENT IS UNABLE TO COMPLETE THE FORM FOR HIM/HERSELF. BY MY SIGNATURE, I AM STATING THAT ALL THE PREVIOUS INFORMATION IS TRUE AND COMPLETE AS STATED BY THE PATIENT. I UNDERSTAND FALSIFYING MEDICAL INFORMATION IS CONSIDERED FRAUD AND ILLEGAL IN THE STATE OF ALABAMA.

GUARDIAN/ASSISTANT SIGNATURE

DATE

PRINTED NAME

THANK YOU FOR COMPLETING THIS FORM. IT WILL HELP US GREATLY IN ASSESSING YOUR CONDITION.