

**PATIENTS NAME:** \_\_\_\_\_

1. Reason For Coming to doctor today: \_\_\_\_\_

2. Medications that you are taking: \_\_\_\_\_

\_\_\_\_\_

3. Allergies to any medications: \_\_\_\_\_

4. Check any major medical problems that you have had: Heart Disease \_\_\_\_\_

Lung Disease \_\_\_\_\_, Kidney Disease \_\_\_\_\_, Hypertension \_\_\_\_\_

Bleeding Disorders \_\_\_\_\_, Cancer \_\_\_\_\_, or any other problems

\_\_\_\_\_

5. Please explain anything checked above: \_\_\_\_\_

\_\_\_\_\_

6. List any major surgery that you have had: \_\_\_\_\_

\_\_\_\_\_

7. Major illness in your family (cancer, etc): \_\_\_\_\_

\_\_\_\_\_