



MEDICAL HISTORY

Name: _____ Date: ____/____/____

This is a part of your medical history and will be kept on file as a part of your chart. All the information contained in this form will not be released to any person or entity with your written consent.

Your Primary Physician is: _____ Phone: _____

PAST MEDICAL HISTORY

Please list all of your medical problems: (i.e. Diabetes, Hypertension)

- _____
- _____
- _____
- _____
- _____
- _____

PAST SURGICAL HISTORY

Please list operations you have had in the past: (i.e. Appendectomy, Lumbar Fusion)

- _____
- _____
- _____
- _____
- _____

Social History

Type of work: _____ Retired: Yes No

Work Status: Full-time, Part-time, unemployed, disabled Disability status: SSI, Workers comp., Other

Alcohol use: Daily, weekly, occasionally, doesn't drink

Smoking status: Current smoker, Former smoker, Never smoked

Recreational drugs: Never used recreational drugs, currently using drugs, have used drugs in the past