



**CONFIDENTIAL**

**HEALTH CARE FACILITIES**

*List the hospitals/health care facilities where you have been treated in the past 2 years.*

Name of Facility	Address	Phone Number

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**MEDICATIONS**

*List all prescription and non-prescription medications you are taking and include dosage, frequency of use and date started for each medication.*

Name of Drug	Dosage	Frequency of Use	Date Started

**ALLERGIES**

*List the things to which you are allergic (e.g., medications, bee stings, foods and anything else that creates serious consequences). Describe the type of reaction you may have.*

Allergen	Reaction

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**MEDICAL HISTORY**

*Briefly describe any of your health problems, injuries or medical conditions. Give medical diagnosis and dates of each medical event as accurately as possible.*

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Do you have any of your medical records in your possession? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where are your medical records located? \_\_\_\_\_

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**FAMILY HISTORY**

*Briefly describe your family medical history.*

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**GENERAL PHILOSOPHY ON MEDICAL TREATMENT**

*Please write your general philosophy regarding medical treatment, including treatment for non-life threatening situations.*

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**MEDICAL INSURANCE**

*Provide the type of policy (e.g., private health, employee health, disability, long term care, dental, optical, Medicare, etc.), policy number, name of the company/agent, and phone number.*

Type of Policy	Policy Number	Company/Agent	Phone Number