ADULT AND PEDIATRIC URGENT CARE

MEDICAL HEALTH HISTORY

Date:_____
Patient Name:_____
Date of Birth:_____

List of medical problems that other doctors have diagnosed:

_____
_____
_____
_____

Allergies: _____

Current Medications:_____
_____

Surgeries / Hospitalizations:

_____
_____
_____
_____

Tobacco use: Yes☐ No☐
Cigarettes / Packs per day_____
If quit, when?_____

Alcohol use: Yes☐ No☐
Recent☐ Heavy☐ Occasional☐
Average per day_____ Per week_____ Per month_____ Per year_____

Recreational Drug Use:_____

To the best of my knowledge, the above information is completed and correct. I understand that it is my responsibility to inform my doctor if I or my minor child, have a change in health.

_____
Name of patient, parent, guardian or personal representative

_____
Signature of patient, parent, guardian or personal representative

_____/_____/_____
Date