ADULT MEDICAL HISTORY FORM PLEASE COMPLETE THE FOLLOWING

History of the Present Illness		
What is the reason for your visit today?		
Are you having any problems with pain? No Yes If yes, describe:		
Past Medical History		
Please list current and past medical problems that you have been treated for:		
High Blood PressureAllergy or AsthmaHeart Trouble	Diabetes High Cholesterol	
CancerArthritisKidney Stones		r
ObesityAlcoholism HIV or AIDS	_GlaucomaSeizures	
Thyroid DisordersReaction to Anesthetic	The state of the s	• • •
Illness or Medical Problem	Physician Who Treate	ed You
Past Surgical Histo	rv	
Please list your previous surgeries and the year y	•	
SURGERY	HOSPITAL	YEAR
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Current Medications		
Please list all medications you are now taking including those you buy without a doctor's prescription (such as aspirin, cold tablets, nutritional supplements and/or herbal medicines).		
Name	•	equency
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