



9940 Talbert Ave, Suite 100 Fountain Valley, CA 92708.
 Phone: Office: 714-378-7330, Fax: 714-378-7329 or 714-378-7335

MEDICAL HISTORY

Name _____ Date _____

PREVIOUS SURGERIES

SURGERY	YEAR	TYPE OF ANESTHESIA	COMPLICATIONS

PREVIOUS HOSPITALIZATIONS

REASON	YEAR	NEW MEDS	COMPLICATIONS

Do you use: (please tick if yes)

Asprin Coumadin Heparin Blood Thinners Diet Pills

PERSONAL HEALTH Good Fair Poor

Rate level of activity: Very Active Moderately Active Not Active

Marital Status: Single Married Widowed Divorced

Do you live alone? Yes No If No, with who _____

What type of work do you do? _____

Coffee? Yes No How much _____

Street Drugs Yes No What and how much _____

Do you use alcohol? Yes No How much? _____

Do you use tobacco? Yes No How much? _____

Is your mother alive? Yes No Cause of Death _____

Is your father alive? Yes No Cause of Death _____

	# alive	Age/Present Health Status	# Deceased	Cause of Death	History of Cancer
Brothers					
Sisters					
Children					



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HOME MEDICATION RECORD - INCLUDE OVER THE COUNTER MEDS, SUPPLEMENTS & VITAMINS

Name _____ Date _____

START	STOP	MEDICATION	DOSE	ROUTE	FREQUENCY	DURATION	INITIALS

ALLERGIES:

NAME	REACTION