MEDICAL HISTORY

Patient Name			_ Nicl	name				_ Ag	ge			
Name of Physician/and their specialty												
Most recent physical examination				Purpose								
What is your estimate of your general health?		Ex	cellent		Good							
DO YOU HAVE or HAVE YOU EVER HAD:	YES											YES NO
	113	_			. , .		, .				,	
1. hospitalization for illness or injury	00000000000000000000000000000000000000		27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 45. 46. 47. 48. 46. 47. 48. 46. 50. 51. 55. 56. 57. 58. develop	arthritis autoimn (e.g., rhe glaucom (e.g., rhe glaucom contact I head or epilepsy, neurolog viral inferany lump hives, ski STI/STD/ hepatitis HIV/AIDS tumor, a radiatior chemothemothemothemothemothemothemothemot	nune dise umatoid a enses neck injur convulsic gic disorde ctions and os or swel n rash, ha (type bnormal; n therapy nerapy, im al difficult ric treatm essant m recreation y being tre a change er, chills, r edication etary sup nausted o cicing frequ r, smoked ed a touc happy or rth contro y pregnan ed with a	ease arthritions arthritions (see ers (AD d cold see ers (AD d cold se	is, lupus izures) _ izures _ izur	D, priouth	n diseas nedicati lness e last 24 ea) nent nokeless	s tobacco y possib	oly affe	
List all medications, supplemen Drug Purpose	ıs, díl	u O	ı Vildiii	iis take	n within Drug	i iiie li	asi tWC) year	5	Purp	nose	
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PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN												
Patient's Signature								_ Dat	te			
Doctor's Signature								_ Dat	te			
-										(1-6)		

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