**Medical Health History**

Medical Health Conditions:

 Self Family Member

None

Allergies – Food/Seasonal O O

Arthritis O O

Asthma O O

Cancer O O

Diabetes O O

Glaucoma O O

Heart Condition O O

High Blood Pressure O O

High Cholesterol O O

Thyroid Disease O O

Other (please specify) O O

Hospitalizations/Surgeries & Dates:

Current Medications:

Medication Allergies:

Diagnostic Tests Taken & Dates:

History of Presenting Problem:

(Remember to include relevant information, like dates, symptoms, duration, etc)

Pertinent Familial History: