**MEDICAL HISTORY FORM TEMPLATE**

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| --- | --- | --- | --- | --- |
| **PATIENT NAME** |  |  | **DATE of LAST UPDATE** |  |
|   |   |
| **CURRENT PHYSICIAN NAME** |  |  | **PHONE** |
|   |   |
| **CURRENT PHARMACY NAME** |  |  | **PHONE** |
|   |   |
| CURRENT and PAST MEDICATIONS |
| **MEDICATION NAME** | **DOSAGE** | **FREQ.** | **PHYSICIAN** | **START**  | **END DATE** | **PURPOSE** |
|   |   |   |   |  |   |   |
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| SURGICAL PROCEDURES |
| **PROCEDURE** | **PHYSICIAN** | **HOSPITAL** | **DATE** | **NOTES** |
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|   |   |   |   |   |
| MAJOR ILLNESSES |
| **ILLNESS** | **START**  | **END DATE** | **PHYSICIAN** | **TREATMENT NOTES** |
|   |   |   |   |   |
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| VACCINATIONS |
| **NAME** | **DATE** |  | **NAME** | **DATE** |  |
| TETANUS |   |  | MENINGITIS |   |  |
| INFLUENZA VACCINE |   |  | YELLOW FEVER |   |  |
| ZOSTAVAX |   |  | POLIO |   |  |
| OTHER: |   |  | OTHER: |   |  |