**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: | | |  |  |