**HEALTH HISTORY FORM**

Current Physician Name/Number: ( ) - Current Pharmacy Name/Number: ( ) -

# CURRENT/PAST MEDICATIONS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| name | dose | frequency | starting | ending | physician | purpose |
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**SURGICAL PROCEDURES**

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| --- | --- | --- | --- | --- |
| date | procedure | physician | hospital | notes |
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**MAJOR ILLNESSES**

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| --- | --- | --- | --- | --- |
| illness | start | end | physician | treatment notes |
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**VACCINATIONS**

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| --- | --- | --- | --- |
| name | date | name | date |
| tetanus |  | meningitis |  |
| influenza vaccine |  | yellow fever |  |
| Zostavax |  | polio |  |
| other vaccine |  | other vaccine |  |