

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Home phone \_\_\_\_\_  
Business phone \_\_\_\_\_

**Adult Health History (18 and above)**

**Hospitalizations and Surgeries**        NONE

List the year, reason for hospitalization or type of surgery and the location by name of hospital, city and state. Include procedures like tonsillectomy, appendectomy, hysterectomy, tubal ligations and childbirth.

Year	Reason for hospitalization or type of surgery	Hospital/City/State
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

**Current Medications**        NONE

List any medicines that you use often or every day. Under *dosage*, list how much you are taking in either milligrams (mg) or number of pills per dose. Under *how often*, list how many times a day you take the medicine. Be sure to include all over-the-counter medicines and herbs, e.g. Tylenol, vitamins, birth control pills, etc.

Medication	Dosage	How often
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

**Medication Allergies**        NONE

Please list DRUG and the reaction:

_____	_____	_____
_____	_____	_____