

Medical Summary

Full Name _____ Date of Birth (mm/dd/yyyy) _____



Medical Alert

Please note that this person:

Is allergic to: _____

Currently has: _____

Other: _____

Medications *Use several pages if needed. If possible, keep a copy of the prescription label taped to a sheet of paper in this file.*

Drugs & Medications prescribed by Doctor:	Dosage (How much taken and when?)	Being taken for: (Describe the illness or condition treated.)	When is/was this person taking this? (During what period did you have this illness or condition?)

Over-the-Counter drugs, vitamins or supplements. (include allergy medicines, pain relievers, cough syrups, appetite controllers)	Dosage (How much taken and when?)	Being taken for: (Describe the illness or condition treated.)	When is/was this person taking this? (During what period did you have this illness or condition?)

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Medical History

Medical Condition:	I have had	My immediate family	Comments

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Health Exams, Tests and Screenings:	Most recent date:	Abnormal results?
Eye exam		<input type="checkbox"/> YES <input type="checkbox"/> NO
Lipid (Cholesterol)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Sigmoidoscopy or Colonoscopy (circle one)		<input type="checkbox"/> YES <input type="checkbox"/> NO
[Women] Pelvic Exam		<input type="checkbox"/> YES <input type="checkbox"/> NO
[Women] Mammogram		<input type="checkbox"/> YES <input type="checkbox"/> NO
[Women] Pap Smear		<input type="checkbox"/> YES <input type="checkbox"/> NO
[Women] Dexascan (osteoporosis)		<input type="checkbox"/> YES <input type="checkbox"/> NO
[Men] Testicular Exam		<input type="checkbox"/> YES <input type="checkbox"/> NO
[Men] PSA (prostate)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Other (specify)		<input type="checkbox"/> YES <input type="checkbox"/> NO

Vaccinations:	Most recent date:	Comments
Hepatitis A		
Hepatitis B		
Influenza (flu shot)		
MMR Pneumovax (pneumonia)		
Meningitis		
Tetanus (Td)		
Varicella (chicken pox) shot or illness		
Tdap (tetanus & pertussis)		
Other (specify & explain)		