

MEDICAL HISTORY FORM Name: (Please Print Clearly) Phone: ____ Home Phone Cell Phone **Work Phone** Alternate Date of Birth: Alberta Health Care Number: Marital Status: _____ Gender: _____ **Emergency Contact First Name** Relationship **Primary Role Phone Number Last Name Hospital Admissions/ Surgical History** Indicate the year of hospitalization and the reason; do not include normal pregnancies. **Illness or Operation** Year Year **Illness or Operation** Allergies Allergen Date of Reaction Reaction Confirmation Other Severity (DD-MMM-YYYY) (other, anaphylaxis, (mild, (confirmed, unconfirmed, Reaction/ angioedema, malignant moderate, suspect) Comments hyperthermia, rash, serum severe, sickness, fever) unknown) Medications List all medications that you are taking, include those you purchase without a prescription. NOTE: You can get a complete list from your pharmacy Name Dose Frequency (how often you take the medication)



Personal Medical History

Disease	When Diagnosed		When Diagnosed		When Diagnosed
Asthma		High Blood Pressure		High Cholesterol	
Epilepsy		Anemia		Bleeding Disorder	
Migraine Headaches		Alcoholism		Glaucoma	
Depression		Bipolar		Manic	
Anxiety		Diabetes		Arthritis	
Genetic Disease		Hay Fever		Cancer (TYPE)	
Thyroid disease –		Thyroid disease –		Eczema	
Hyper		Нуро			
Stroke		Heart Disease		Psoriasis	
		Osteoporosis (weak			
		bones)			

Family History

Disease	When Diagnosed		When Diagnosed		When Diagnosed
Asthma		High Blood Pressure		High Cholesterol	
Epilepsy		Anemia		Bleeding Disorder	
Migraine Headaches		Alcoholism		Glaucoma	
Depression		Bipolar		Manic	
Anxiety		Diabetes		Arthritis	
Genetic Disease		Hay Fever		Cancer (TYPE)	
Thyroid disease –		Thyroid disease –		Eczema	
Hyper		Нуро			
Stroke		Heart Disease		Psoriasis	
		Osteoporosis (weak			
		bones)			

Social History				
☐ Cigarettes	Pkg per day:	#Years Smoking:	Year Quit Smokir	ng:
☐ Alcohol	Drinks per week:			
☐ Coffee	Cups per day:			
☐ Exercise	☐ YES ☐ NO			
☐ Sleep Pattern	#Hours per night:	Satisfactory	☐ Occasionally Disturbed	☐ Mostly Disturbed
☐ Street Drugs	☐ YES ☐ NO			

Current Concerns or any Additional Information