



MEDICAL HISTORY FORM

Patient Information																																				
Name Jane Deer		DOB 3/12/1971	Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F <input type="checkbox"/> Other																																	
Address 742 Evergreen Terrace Duckburg, CA 90210			Phone: 555 123 4567																																	
Emergency Contact																																				
Name: Samuel Squanch		Relationship: Wife		Phone: 555 765 4321																																
Insurance Information																																				
Insurance Provider Acme Health Assurance			Policy number 742290136																																	
Personal history (check all that apply)																																				
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Other medical issues: Q12.999C, M25.000E																																				
Treatments/Medications																																				
Name(s) Nebralin	Dosage(s) 200 mg	Frequency take 1 capsule every 12 hours	Purpose Blood pressure	Note(s) Take with warm water																																
Surgeries/Procedures: <input type="checkbox"/> Heart surgery <input type="checkbox"/> Cholecystectomy <input type="checkbox"/> Appendectomy, <input checked="" type="checkbox"/> C-section <input checked="" type="checkbox"/> Hysterectomy <input type="checkbox"/> Bladder <input type="checkbox"/> Colonoscopy <input type="checkbox"/> EGD <input type="checkbox"/> Joint <input checked="" type="checkbox"/> Other _____			Allergies Penicillin, Pollen, Dairy																																	
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