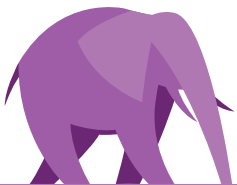


MEDICAL HISTORY

Elder: _____

Today's date: _____

Patient's full name/maiden name:	<input type="checkbox"/>
Date of birth:	<input type="checkbox"/>
Birthplace:	<input type="checkbox"/>
Blood type:	<input type="checkbox"/>
Allergies:	<input type="checkbox"/>
Food Allergies:	<input type="checkbox"/>
Previous attending physicians:	<input type="checkbox"/>
Current attending physicians:	<input type="checkbox"/>
Pregnancies and miscarriages:	<input type="checkbox"/>
Immunizations:	<input type="checkbox"/>
Causes and dates of past physical illness:	<input type="checkbox"/>
Causes and dates of existing health problems:	<input type="checkbox"/>
Causes and dates of accidents:	<input type="checkbox"/>
Operations and dates performed:	<input type="checkbox"/>
Reasons and dates of hospitalizations:	<input type="checkbox"/>
Reasons and dates of doctor's office visits:	<input type="checkbox"/>
Reasons and dates of rehabilitation treatments:	<input type="checkbox"/>
Negative reactions to medical treatments:	<input type="checkbox"/>
Copies of lab test results:	<input type="checkbox"/>
Current use of eyeglasses, hearing aids, walking devices, wheelchairs, etc.:	<input type="checkbox"/>
Current use of bathroom accessories (grab bars, raised toilet seats, etc.):	<input type="checkbox"/>
Recent changes in bodily functions:	<input type="checkbox"/>
Existing mental health problems:	<input type="checkbox"/>
	<input type="checkbox"/>
Personal stress and family problems:	<input type="checkbox"/>



Mother's and father's dates and causes of death:

Grandparents' cause of death:

DENTAL HISTORY

Previous dentist:

Current dentist:

Past problems:

Current problems:

Negative reactions to dental treatments:

Copies of lab test results:

Current use of dentures, etc.:

MEDICATIONS

Current use of prescription medications:

Drug name and purpose:

Quantity:

Timing and manner of administering doses:

Side-effects (if any):

Current use of over-the-counter drugs and alternative remedies:

Vitamins:

Supplements:

Herbs:

Topical ointments:

History of drug side effects

