| PATIENT NAME | DATE OF BIRTH |
|---|---|
| | |

| CURRENT PHYSICIAN NAME | PHONE |
|---|---|
| | |

| CURRENT PHARMACY NAME | PHONE |
|---|---|
| | |

## CURRENT and PAST MEDICATIONS (PRESCRIBED AND OVER-THE-COUNTER)

| MEDICATION NAME | DOSAGE | FREQ. | PHYSICIAN | START | END DATE | PURPOSE |
|---|---|---|---|---|---|---|
| | | | | | | |
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## SURGICAL PROCEDURES

| PROCEDURE | PHYSICIAN | HOSPITAL | DATE | NOTES |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## MAJOR ILLNESSES

| ILLNESS | START | END DATE | PHYSICIAN | TREATMENT NOTES |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## VACCINATIONS

| NAME | DATE |
|---|---|
| TETANUS | |
| INFLUENZA VACCINE | |
| ZOSTAVAX | |
| COVID | |

| NAME | DATE |
|---|---|
| MENINGITIS | |
| YELLOW FEVER | |
| POLIO | |
| OTHER: | |