X.		DOD		CCNI	
Name		DOB		SSN	
Street Address			City		
State/Province			ZipCode		
	Allergi	es			
CURRENTLY	V LINDER T	FREATM	ENT FOR		
DIAGNOSIS			22112 2 021	DATE O	F DIAGNOSIS
CURRENT MEDICATIONS					
NAME OF DRUG/TREATMENT	DOSE		FREQUENC	Y	DATE STARTED

MEDICAL H	MEDICAL HISTORY OF (NAME) DOB						
			SOCIAL I	HISTORY			
Smoking	☐ Currently	Frequency			Second Hand	Smoke	☐ YES ☐ NO
	☐ In the Past				Exposure		
	□Never						
Alcohol	☐ Currently	Frequency			Caffeine	☐ YES ☐ NO ☐	NEVER
	☐ In the Past				Servings		
	□Never				per Day		
Recreational	☐ Currently	Frequency			Type		
Drugs	☐ In the Past	1 3					
	□Never						
Sexual	☐ Currently			Number of		Number of	
Activity	☐ In the Past			Pregnancies	S	Live Births	
	□Never			Date of Las	t Pap Smear		
		P	PAST SURGIC	CAL HISTO	RY		
PROCEDURE			1101 0011010			DATE	
		VACCI	NES (CHILDI	HOOD AND	ADULT)		
TYPE			DATE	TYPE			DATE

MEDICAL HISTORY (NA	AME)	DOB					
FAMILY HISTORY							
Relationship to you	Diagnoses		Deceased?				
Maternal Grandmother							
Maternal Grandfather							
Paternal Grandmother							
Paternal Grandfather							
Mother							
Father							
Siblings							