Dr. Rebecca Patrias, Dr. Sarah Bur, Dr. Deborah Peery, and Dr. Lynn Kriengkrairut
350 N. Main Street, Suite #100, Chelsea, MI 48118

MEDICAL HISTORY FORM

Name: _____ DOB: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Work: _____

Email: _____ Marital Status: _____

Employer: _____ Job: _____

Education Level: _____ Preferred Pharmacy: _____

Emergency Contact: _____ Emergency Contact Phone: _____

FAMILY MEDICAL HISTORY				
	Yourself	Father	Mother	Siblings
High Blood Pressure				
High Cholesterol				
Diabetes				
Heart Disease/Heart Attack				
Cancer				
Lung Disease (Asthma/COPD)				
Thyroid Disease				
Autoimmune Disease				
Stroke				
Osteoporosis				
Alcoholism/Addiction				
Depression or Psychiatric Disease				
Other (specify):				
Check if Deceased >				

Medications and Dosages (including vitamins/herbs):

Specialists:

Drug Allergies: _____

Operations and Past Hospitalizations: _____