



1. What is your diagnosis or primary physical condition?

2. What other conditions do you have?

3. List your prescription medications.

4. List any herbs, supplements or over-the-counter medications that you take.

5. Do you have any allergies? (list any food, medication or seasonal allergies)

6. Do you have any special needs?

7. Please list recent vaccines.

- a. Flu vaccine Date:
- b. Pneumonia Date:
- c. Tetanus Date:
- d. Hepatitis B Date:

8. Please list your primary language. _____

9. To whom (family/friend) may I speak about your medical conditions other than yourself. _____

10. Do you have a living will? ___ yes ___ no Signature: _____ Date: _____

Reviewed 12/20/2022