

Name _____ Date _____

Please print

Medication	Dosage	Condition prescribed for
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Vitamins/minerals	Herbal/ Homeopathic
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Smoking history

- I currently smoke Cigarettes ____ packs per day Other _____
- I currently smoke Cigars ____ per day Other _____
- I currently smoke a pipe ____ bowels per day Other _____

Previous smoking history

Started smoking ____ age Quit smoking ____ age total years you smoked ____

Allergies Please list any allergies including medication allergies.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____