

MHD

Medical History Document

Name:		Date of birth:	
Primary care provider:			
Pharmacy:		Pharmacy phone number:	
Medical problems			
1.	3.	5.	
2.	4.	6.	

Medication	Dose	When medication is taken
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Drug allergies	Reaction (rash, swelling, wheezing, stomach upset)
1.	
2.	
3.	

Surgeries		
1.	3.	5.
2.	4.	6.