



**Fulton-Montgomery
MEDICAL, P.C.**

A collaboration between Nathan Littauer Hospital and St. Mary's Healthcare.

HEALTH HISTORY
Confidential

Name: _____

Height: _____

Weight: _____

Gender: _____

Primary Care Provider: _____ **Phone:** _____

Cardiologist: _____ **Phone:** _____

Please list any medical conditions you have (ex: high blood pressure, heart problems, diabetes):

Current Medications

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Medication allergies:

Latex Allergy: Yes No **Current Smoker?** Yes No **Have you ever smoked?** Yes No

Pharmacy: _____ **Phone:** _____

Operations

Date of last bone density scan: _____

Date of work injury? _____ Currently working? Yes No

Date of automobile accident? _____ Date of injury? _____