This is an interactive medical history form. It can be filled out using Microsoft Edge, Foxit Phantom PDF, or Adobe Acrobat. Just click on the box you want to fill in and a text cursor will appear. If you prefer you can print out the form, and fill it in by hand. For questions with small circles next to them, just click on the little circle next to the answer you want to choose, and a small dot will fill in the circle to indicate your response. If you're not comfortable with medical terms, just use plain language to describe how you take a medication, or a surgical procedure. Fill it out now, so you are prepared, inthe event of a medical emergency. Keep a copy for each family member, at home, in your car,RV, at work, and in your suitcase when you travel. Remember to keep it updated, as yourmedications and history change. That way, even in an emergency, you will have the informationfirst responders and medical personnel need to take care of you. There is a sample formfollowing this instruction page with examples of responses.

Some useful medical abbreviations that will help you fill in the medication dosage section:

qd - once a day   q4h - every 4 hours
bid - twice a day   q6h - every six hours
tid - three times a day   q8h - every eight hours
qid - four times a day
qad - every other day
qhs- at bedtime
prn - as needed

Some common surgical procedures:
Tonsillectomy- removal of the tonsils
Adenoidectomy- removal of the adenoids
Appendectomy - removal of the appendix
Cholecysectomy - removal of the gall bladder
Knee arthroplasty - knee replacement surgery
Myringotomy - surgery to place tympanostomy tubes in the ears
Angioplasty - procedure to open blocked or narrowed arteries, frequently with a stent

Some common medical tests:
MRI - magnetic resonance imaging, may include contrast (a dye used to make things visible)
CT - computer tomography, may include contrast (a dye used to make things visible)
EEG -test to measure the electrical activity of the brain
EKG - test to measure the electrical activity of the heart
EMG - test to check the health of muscles and the nerve cells that control them
CMP -comprehensive metabolic panel; a blood test measuring kidney and liver function, electrolytes, calcium, and blood glucose
CBC - complete blood count; blood test measuring various types of cells in your blood
LP - Lumbar puncture; test to see what is in your cerebrospinal fluid
Angiogram - a test to check the flow of blood through the arteries connect to your heart
Echocardiogram - test to check the valves and pumping ability of your heart

Tip: Save your medical history file on a thumb drive to protect your personal information.

Name: Ima Patient

Address: 1234 W. Well Way

City, State, Zip: Mytown, OZ, 11111

Phone: 000-000-0000

Cell: 000-000-0000

Date: 12 April 2019

Social Security#: 000-00-0000

Do you smoke? Yes◯ No◉

Do you drink alcohol Yes◯ No◉

Do you use drugs? Yes◯ No◉

Prescription Medications

Medication	Dosage	Prescribed For
Atenolol 50mg	50mg qhs	Migraine headache control
Ambien 5mg	at bedtime as needed	Insomnia

OTC Medications

Medication	Dosage	Used For
Tylenol 500mg	1000mg prn	Headaches, back pain
Benadryl 25mg	50mg as needed	Allergies

Allergies and Intolerances to Medications

Medication	Symptoms of Reaction
Penicillin	rash, hives, diarrhea

Allergies and Intolerances to food

gluten	citrus fruits	peanuts

Hospitalizations, Surgeries, and Invasive Procedures

Date	Procedure
23 January 1999	Tonsillectomy
30 June 2003	Viral pneumonia

Significant Illnesses

Date	Illness
15 December 1985	Mumps

Significant Tests

Date	Test	Results
23 January 2000	EMG	Demyelination of nerves in left foot
23 March 2010	Angiogram	One 45% clogged artery

Current Health Issues

Seasonal Allergies	Hypertension

Family History

Relative	Health Problems
Father	Hypertension, Stroke
Mother	Arthritis, dementia
•Brother ∘Sister	Type-1 Diabetes, gout
∘Brother •Sister	Scoliosis with 25° curve, acne
∘Brother ∘Sister	
∘Brother ∘Sister	
∘Brother ∘Sister	
∘Brother ∘Sister	

Emergency Contact

Name	John Goodman	**Name**	Marian Motherwell
Relationship	Husband	**Relationship**	Mother
Phone	000-000-0000	**Phone**	000-000-0000
Cell	000-000-0000	**Cell**	000-000-0000

Physicians

Physician Name	Dr. Smarty Pants
Speciality	Primary Care
Practice Name	Internal Medicine Specialists
Street Address	1234 Medway Rd., Ste 4000
City, State, Zip	Mytown, OZ, 11111
Phone	000-000-0000
Facsimile	000-000-0000

Physician Name	Dr. Wise Woman
Speciality	OB/GYN
Practice Name	Healthy Woman
Street Address	2345 Baby Wy. Ste. 3567
City, State, Zip	Mytown, OZ, 11111
Phone	000-000-0000
Facsimile	000-000-0000

Physician Name	Dr. Helps U. Heal
Speciality	Orthopedics
Practice Name	Painbegone
Street Address	5432 N. Bones Rd. Ste 23
City, State, Zip	Mytown, OZ, 11111
Phone	000-000-0000
Facsimile	000-000-0000

Physician Name	Dr. Clever Doc
Speciality	Cardiology
Practice Name	Heart Center
Street Address	6754 Heart Blvd. Ste. 5432
City, State, Zip	Mytown, OZ, 11111
Phone	000-000-0000
Facsimile	000-000-0000

Physician Name	Dr. Knows Alot
Speciality	Dermatology
Practice Name	Skin Center
Street Address	8905 Skin Ln. Ste. 6789
City, State, Zip	Mytown, OZ, 11111
Phone	000-000-0000
Facsimile	000-000-0000

Physician Name	Dr. Well Wisher
Speciality	Endocrinology
Practice Name	Hormone Help
Street Address	6755 Healing Pl. Ste. 78
City, State, Zip	Mytown, OZ, 11111
Phone	000-000-0000
Facsimile	000-000-0000

Pharmacies

Pharmacy 1	Good Meds
Address	4567 Main St.
City, State, Zip	Mytown, OZ, 11111
Phone	000-000-0000
Facsimile	000-000-0000

Pharmacy 3	Mail-a-Pill
Address	P.O. Box 26719
City, State, Zip	Mytown, OZ, 11111
Phone	000-000-0000
Facsimile	000-000-0000

Pharmacy 2	Med Place
Address	6754 Oak St.
City, State, Zip	Mytown, OZ, 11111
Phone	000-000-0000
Facsimile	000-000-0000

Pharmacy 4	Pharmaship
Address	P.O. Box 9000
City, State, Zip	Mytown, OZ, 11111
Phone	000-000-0000
Facsimile	000-000-0000