

Date:	or or other transfer
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HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire will become part of your medical record.

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Marital s	tatus:	☐ Single	☐ Partnered	☐ Married	□ Separated	ed			
Previous or referring doctor: Date of last physical exam:									
List any	medical	problems	that other do	ctors have d	iagnosed	And the state of t	- A commission of the second s		
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List your	prescrib	ed drugs	and over-the-	counter dru	gs, such as vita	ımins and inl	nalers		
Name the	Drug	anganiini ngamin nga ngga ngga nating pangga natan	en allaminima e in incerne e il angua provincia e e paga como mega menintre a mendra agre e	Strength	enselektrologiya ace tiluntaan kelumutun saarinnan gogi raa selektrologi ateronog juwan	eritado establicado las tilendos e todos las consecutos como titido establicado en la como titido establicado e	F	requency Taken	
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Allergies	to medi	cations							
Name the Drug			Reaction	Reaction You Had					
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