65-1235 A Opelo Road #6,
Kamuela, HI 96743
Phone: 808-887-1210
Fax: 888-831-3450

Health History Form

Name: **Date:**

Please list all surgeries in your past:

Name of Surgery	Year Done

Please list all ongoing medical conditions:

1	4	7
2	5	8
3	6	8

Please list all your medications:

Name and Dosage	Directions	Name and Dosage	Directions

Family Medical History(List all medical conditions):

Mother	
Father	
Sibling 1	
Sibling 2	
Other	
Other	

Do you have any allergies to medications(please list drugs and what is the associated reaction)?

Are you a smoker (if so, how many cigarettes a day)?

Do you drink alcohol (if so, how many servings a week)?