## Sports Medicine @ Holy Name Medical Center 718 Teaneck Rd, Teaneck, NJ

## **MEDICAL HISTORY FORM**

@ HNH Fitness 514 Kinderkamack Road, Oradell, NJ

Last Name:	Fir	rst Name:	Date of I	Birth:		Today's Date:	)
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<b>MEDICAL HISTORY:</b>	Please indicate	e if you (the patient) or	any Family Member	rs have any of	the following	ng:	
Candition	Check if "Yes"	Check all that apply:					
Condition			CuandDayantı	Davanti	Cibling	Othorn	_
Arthritis	Patient:	Family Member:	GrandParent:	Parent:	Sibling:	Other:	
Asthma	Patient:	Family Member:	GrandParent:	Parent:	Sibling:	Other:	
Bleeding Disorder	Patient:	Family Member:	GrandParent: GrandParent:	Parent:	Sibling:	Other:	—
Cancer	Patient:	Family Member: Family Member:	GrandParent:	Parent:	Sibling:	Other: Other:	—
Diabetes	Patient: Patient:	Family Member:	GrandParent:	Parent: Parent:	Sibling: Sibling:	Other:	—
Heart Disease High Blood Pressure	Patient:	Family Member:	GrandParent:	Parent:	Sibling:	Other:	
High Cholesterol	Patient:	Family Member:	GrandParent:	Parent:	Sibling:	Other:	—
Kidney Disease	Patient:	Family Member:	GrandParent:	Parent:	Sibling:	Other:	
Liver Disease	Patient:	Family Member:	GrandParent:	Parent:	Sibling:	Other:	—
Reflux (GERD)	Patient:	Family Member:	GrandParent:	Parent:	Sibling:	Other:	—
Seizures	Patient:	Family Member:	GrandParent:	Parent:	Sibling:	Other:	—
Stomach Ulcers	Patient:	Family Member:	GrandParent:	Parent:	Sibling:	Other:	—
Stroke	Patient:	Family Member:	GrandParent:	Parent:	Sibling:	Other:	
Thyroid Disease	Patient:	Family Member:	GrandParent:	Parent:	Sibling:	Other:	_
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Other Conditions:							)
							<b>—</b>
SURGICAL HISTORY	: (Check here	e if "None" ) /	Please list any surge	eries, include j	year (approx	ximate year).	
Procedure:		Year:	Procedure:			Year:	
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<b>MEDICATIONS:</b> (Che	ck here if "No	one" ) <i>Please list cur</i>	rent medications. D	osage informa	ation is not i	required on this form.	
Medication:	Medica	tion:	Medication:		Medic	cation:	
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ALLERGIES:							
<b>Medication Allergies</b>	: (Check here	e if "None" ) <i>Please</i>	list medication pati	ent is allergic	to and asso	ciated reaction(s).	
Medication:	Reactio		Medication:	•	React		
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Food Allergies:	(Chack hard	e if "None" ) <i>Please</i>	list food nationt is	alloraic to and	accociated	reaction(s)	
Food:	Reaction		Food:	illergic to allu	React		_
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Other Allergies: Allergen:	(Check here Reaction	e if "None" ) <i>Please</i> on:	list substance patie Allergen:	nt is allergic t	o and assoc React		
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