Delton Family Medical Center | Elroy Family Medical Center
Mile Bluff Clinic | Necedah Family Medical Center
New Lisbon Family Medical Center

Healthcare evolving for life

HEALTH HISTORY FORM

PERSONAL INFORMATION

Date: _____/_____/_____ **Name:** ______________________________ **Birthdate:** _____/_____/_____

Gender: ___________ **Telephone number:** (_______)_________________ **Alternate contact number:** (_______)_________________

E-mail* ***(optional)*:** ______________________________

Address: ______________________________ **City:** ____________________ **State:** _____ **Zip:** ___________

Marital status: ❑ Single ❑ Married ❑ Widowed ❑ Divorced ❑ Separated

Do you have a guardian or healthcare power of attorney: ❑ Yes ❑ No

---

HEALTHCARE HISTORY INFORMATION

1. Medical/surgical history: *(please list diagnoses, hospitalizations, surgeries, etc. with dates)*

______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________

2. Allergies: *(please list allergies to medications, latex, nuts, etc., along with your reaction to each)*

Allergen	Reaction

3. Current medications, dosages, and how often you take them: *(list prescriptions, supplements, over-the-counter medications,etc.)*

______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________

Bring all medications (including supplements, over-the-counter, oils, creams, drops, etc.) with you to your appointment.

SIGNATURE

By signing below,I acknowledge that the information provided is true, to the best of my knowledge.

Signature: ______________________________ **Date:** _____/_____/_____

**Mile Bluff Medical Center may use your e-mail address to contact you with news, surveys and other information.*