6 Office Park Drive
Palm Coast FL 32137
Phone (386) 447-6615
Fax (386) 447-1266

MEDIQuick

www.mediquickfl.com

140 Pinnacles Drive
Palm Coast FL 32164
Phone (386) 597-2829
Fax (386) 313-1923

Name: _____ Age: _____ Date: _____

Current Medications, Dosage and Directions:

_____

_____

Allergies and reactions:

_____

_____

Primary Care Physician: _____

Past Medical History:

__Allergies	__Dizziness	__Heart Palpitations	__Ulcers
__Anemia	__Gallbladder	__Hepatitis	__Cancer
__Arthritis	__Gout	__High Cholesterol	__Rashes (chronic)
__Bronchitis	__Headaches	__Hypertension	__Other (please specify)
__Depression	__Heart Attack	__Nervous/Anxiety	_____
__Diabetes	__Heart Murmur	__Pneumonia	_____

Comments:

_____

_____

Past Surgical History and Year:

___Adenoids (tonsils)	___Appendix	___Gallbladder
___Open Heart	___Hysterectomy	___Hip/Knee

Additional History and Details:

_____

_____

Social History

Smoke now: YES NO
(if yes how much) _____
Ever smoke: YES NO
Alcohol: YES NO
(if yes how much) _____
Drug use: YES NO
(if yes please explain)

_____
_____
_____

Family History
(Mother/Father/Other)

__Heart __High BP
__Cancer __Diabetes
__Stroke __Seizures
__Thyroid __Arthritis

Additional History:

_____
_____
_____

Immunizations
(Please include year)

Influenza _____
Tetanus _____
Pneumonia _____
Hepatitis B _____

Additional Immunizations:

_____
_____
_____