

MEDICAL HISTORY



George Lian, M.D.

Name: _____ Birthdate: _____

Height: _____ Weight: _____

Personal Physician: _____ Referred By: _____

Describe Current Problem: Right _____ Left _____

How Long Has This Been Present? _____

Were You Injured? _____ Yes _____ No _____ If so, When? _____

How? _____

Have you been Treated for This Problem? _____ Yes _____ No _____ By Whom? _____

List any Medical Problems You are being Treated For, e.g. High Blood Pressure, Diabetes, Heart Disease, Arthritis, Cancer, etc. : _____

List any Medications Taken Daily: _____

Do You Smoke? No _____ Yes _____ How Much? _____ PPD _____ In the Past? _____

List any Allergies to Medications, or Other: _____

Hospitalizations in Past 3 Years: _____

Major Surgeries: _____

Other Major Illnesses: _____