

Personal Medical History THE INDUSTRIAL PT

Name:	
Date of birth:	Sex:
Address:	
Home phone:	
Mobile:	

Health Insurance
Name:

Doctor(s) Name	Phone Number	Address

Current Medications	Medication Allergies

Food Allergies	Other Allergies

Previous Illnesses	Date	Previous Surgeries	Date

Immunizations	Date	Date	Date
Eg, Polio Booster			

*This list of vaccines is an example only. Check with your doctor for your actual immunization schedule.