

[YOUR NAME] Health History & Medical Readiness Profile

Today's Date:

Life and Health Basics

Birthdate	
Age	
Biological Gender	
Height	
Weight	
BMI	
Blood Type	
Marital Status	
Exercise Routine	
Diet	
Daily Vitamins	
Smoking Status	
Alcohol Status	
Other	

Drug Allergies: AVOID

- [YOUR LIST]

Acceptable Drugs

- [YOUR LIST]

General Drug Rules

- [YOUR LIST]

Vital Personal Information

- [YOUR LIST]

Prescription Medication

Drug Name	Purpose	Dose	Frequency	Original Start Date

For Emergencies, please call these Doctor Name(s), Specialty and Phone

- [YOUR LIST]

Health Checks

- Annual Physical Exam Date & Notable Results
- Proactive, Preventative, Gender & Age Appropriate Screenings – Test, Last Check Date, Notable Results

Surgery History

1. [YOUR LIST]

Chronic and/or Genetic Conditions

- [YOUR LIST]

Allergies – Food, Environmental, Drug, etc.

- [YOUR LIST]

Additional Special Medical Instructions

- [YOUR LIST]