

MEDICAL HISTORY

MEDICAL CONDITION(S) current and previous	
CURRENT MEDICATION(S) please list dosage and frequency	
ALLERGIES if any	
REACTIONS TO PREVIOUS VACCINES if any	
Have you recently had surgery?	
Have you previously taken malaria tablets? If so, please list the name of each.	
Please add any additional information you feel is relevant.	

Prior to making an appointment, please submit completed form to:

--

Please allow 48 hours after submitting this form to call to make an appointment at our office. Remember to bring an updated record of any vaccinations you have received to your appointment.

DISCLAIMER

Any articles, templates, or information provided by Smartsheet on the website are for reference only. While we strive to keep the information up to date and correct, we make no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability, suitability, or availability with respect to the website or the information, articles, templates, or related graphics contained on the website. Any reliance you place on such information is therefore strictly at your own risk.