

Payne, Hogan & Associates

753 State Ave., Suite 660, Kansas City, KS 66101

Phone: (913) 284-7085

Medical History

Allergies/Drug Reactions: _____

Client Name: _____

Last Physician Visit: _____

Primary Care Physician: _____

Previous Medical Hospitalizations: _____

Surgeries/Major Illnesses: _____

Is client under treatment for any current medical problems: _____

List current medications and dosages: _____

Has the client been diagnosed with an illness, but not receiving treatment for that illness?

Has the client ever suffered from any of the following medical problems?

- Heart Disease Hypertension Tuberculosis Asthma
 Emphysema Epilepsy/Convulsions Stroke Head Injury
 Diabetes Thyroid or other Gland Disorder
 Pregnancy/Birth Problems Menopause/Menstrual Disorder
 Prostate Cancer Glaucoma
 Communicable Diseases

If you answered yes to any of the above, please explain below:

Is there a family history of any of the following?

- Suicide? If yes, whom? _____
- Suicide attempts? If yes, whom? _____
- Mental illness? If yes, whom? _____
- Depression/Mood Disorders? If yes, whom? _____
- Substance abuse/addiction? If yes, whom? _____
- Significant illnesses? If yes, whom and what illness? _____

Client/Guardian Signature: _____

Date: _____