2019 Medical Information / History

LORD OF THE VALLEY
LUTHERAN CHURCH

Date: _____

Name: _____

Physician's name: _____

Physician's telephone: _____

Are you prone to motion sickness? ___ Yes ___ No

Allergies to foods: _____

Allergies to environment: _____

Allergies to medications: _____

Name of medications, dosage, and time taken (including vitamins and other supplements):

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

History of surgeries and hospitalizations: _____
_____
_____
_____

Special diet or dietary restrictions you want us to know about: _____
_____
_____
_____

Other information you want us to know: _____
_____
_____
_____