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Manchester, CT 06040
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Name _____

Date _____

Medical Questionnaire

Please answer the following questions. Use the space provided, or the back of the page.

1/ What is the reason for your visit?

2/ What medications are you currently taking? (List mgs & number taken per day, please)

3/ What are your medical problems and past surgical procedures?

4/ What illnesses do your family members have? (List M,F,S,B, Mat.&Pat. GM, M&PGF, MU, PU)

5/ Who are your doctors who might want information from this visit? (Please list full name, and town of office)