Medical History

- ☐ Arthritis
- ☐ Abnormal Heart Rhythm
- ☐ Back Problems
- ☐ Cancer
- ☐ Diabetes
- ☐ Hardening of the Arteries
- ☐ Heart Disease
- ☐ Heart Failure
- ☐ High Blood Pressure
- ☐ Hip Fracture
- ☐ Lung Disease
- ☐ Osteoporosis
- ☐ Pneumonia
- ☐ Reflux (Heartburn)
- ☐ Stroke
- ☐ Other: _____

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Hospitalizations and Procedures

Date	Type of admission or procedure

Allergies and Intolerances

Substance	Reaction