

# MY MEDICAL HISTORY

## My Current Medical History:

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## Current Medications:

Medication Name	What is it taken for?	How Much do I take?	How often do I take it?

## Allergies:

Food/Substance/Medication	Reaction	Treatment

**Hospitalisation and/or surgery:**

<b>Date/Age</b>	<b>Procedure/Reason</b>	<b>Length of Stay</b>

**My Local Doctor (GP):**

**NAME:**

**Practice Address:**

**Phone Number:**

<u>Patient Name:</u>	<u>Patient/Hospital No:</u>	<u>Date:</u>
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