

# My Medical History

Patient Name:

Patient Hospital No.:

Date:

My Current Medical History:

**Current Medications:**

Medication name	What is it taken for	How much do I take?	How often do I take it?

**Allergies:**

Medication name	What is it taken for	How much do I take?

**Hospitalisation and/or surgery:**

Date/Age	Procedure/Reason	Length of stay

**My Local Doctor (GP):**

**Address:**

**Telephone:**