

# Personal Medical Information Form

**Now that your insurance exam has been scheduled. Take the next few days to remember & record the following information.**

**List of medications** –Be sure to include any non-prescription or over-the-counter drugs as well. This is important, since taking something you haven't mentioned may skew the test results – and not in your favor.

Medication	Dosage	Prescribed By	When Prescribed

**Medical History Information-** The examiner will ask you about your personal care physician, illnesses, surgeries, previous history and treatments.

## Physician or Hospital #1-

<b>Name:</b>	
<b>Address &amp; Phone:</b>	
<b>Date &amp; Purpose of Visit:</b>	
<b>Diagnosis:</b>	

<b>Treatments:</b>	
<b>Ongoing Follow Up:</b>	

**Physician or Hospital #2**

<b>Name:</b>	
<b>Address &amp; Phone:</b>	
<b>Date &amp; Purpose of Visit:</b>	
<b>Diagnosis:</b>	
<b>Treatments:</b>	
<b>Ongoing Follow Up:</b>	

**Physician or Hospital #3**

<b>Name:</b>	
<b>Address &amp; Phone:</b>	
<b>Date &amp; Purpose of Visit:</b>	
<b>Diagnosis:</b>	
<b>Treatments:</b>	
<b>Ongoing Follow Up:</b>	

**\*\* Please attach additional pages if necessary**