Lake Barrington
WOMEN'S HEALTH CENTER, PC

THOMAS J. MEYER, M.D.
DAVID J. CRANDALL, M.D.
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KELLI KILGORE, D.O.
CAROLYN JOHNSON, APRN
OBSTETRICS & GYNECOLOGY

MEDICAL HISTORY

NAME_____

DATE OF BIRTH_____HEIGHT_____WEIGHT_____

ALLERGIES_____

ALCOHOL_____SMOKING_____

FAMILY HISTORY:

DIABETES_____
CANCER_____
HEART DISEASE_____
ELEVATED CHOLESTEROL_____
ELEVATED BLOOD PRESSURE_____
GENETIC DISORDERS_____
OSTEOPOROSIS_____
THYROID DISORDER_____
OTHER_____

PATIENT'S HISTORY (Include hospitalizations, surgeries, pregnancies and deliveries with approximate dates.)

Signature Date

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