



(307) 237-5510

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770 East 2nd Street
Casper, WY 82601

New Patient History Form

Name: _____ DOB: _____

1. Please list any medical diagnoses that you have been treated for in the past, or for which you are currently being treated. Some examples would include high blood pressure, asthma, or migraines.

2. Please list any surgeries that you have had. Remember, a surgery includes anything that comes out of or off of your body, so be sure to include any cosmetic or dental surgeries.

3. Please provide a list of any medications you are currently taking. Please make sure that you list both prescription and over-the-counter medications, such as vitamins, and remember to list **dosages** and **how often** you take each medication.

4. Please list any allergies you have to medications, and report the **reaction** that occurs if exposed to the substance.
