BUSINESS HEALTH PARTNERS – 3649 S. BEGLIS PARKWAY – SULPHUR, LA 70665 – (337) 626-1011

MEDICAL HISTORY

NAME_________________________________ SS#_________________________ DATE_____________

EMPLOYER______________________________JOB________________________DOB________________

If "YES" describe details to include dates.

Have you ever had an injury or illness related to your work? ____Yes ____No

Have you ever had any back trouble? ____Yes ____No

Have you had any operations, or medical illnesses? _____Yes _____No (Example High Blood Pressure, Diabetes)

Have you had any accidents, broken bones? _____Yes _____No

Are you taking any medications? ____Yes ____No (If yes please list below)

Do you have any history of significant reactions to medications or food? _____Yes _____No

I agree that the information given above is complete & accurate. ______________________________ _________

Patient Signature **Date**

Reviewer's Comments:

__________________________ __________

Medical Reviewer **Date**