



Jeffrey D. Carter, M.D.
ORTHOPEDIC & SPORTS CLINIC
OF MONTEREY

21 Upper Ragsdale Drive
Suite 100
Monterey, CA 93940
(831) 648-8020

Patient Health History

In order for us to obtain a complete medical history, it is important for you to completely fill out this form to the best of your ability. This is very important information. PLEASE FILL OUT EVERY ITEM. It is important for your doctor to know you have reviewed every area of this form. This information will be entered into your EMR chart and you are welcome obtain a copy if you wish.

Last Name: _____ First Name: _____ MI: _____

Name of Primary Care Physician: _____

Preferred Pharmacy & Location: _____

Height: _____ Weight: _____

REASON FOR TODAY'S VISIT: _____

PLEASE LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING:

Name of Medication:	Dosage:	Directions:

ARE YOU ALLERGIC TO ANY MEDICATIONS? Yes: _____ No: _____

Name of Medication:	Reaction:

SURGERIES AND HOSPITALIZATIONS (List any surgeries you had had; including dates):

