



Medical Information

Do you **currently** have any **medical / physical** issues or diagnosis? yes no If yes:

Problem Onset Date In Treatment? Medication (dosage & frequency)

How do your **medical / physical issues interfere with your life?** List anything that comes to mind.

Please list **past medical issues**, including hospital admissions and/or surgeries (and Dates):

Please list all medications, foods or other agents that cause an **allergic reaction** & specify the reaction(s):