



Skagit Family Health Clinic  
 916 South 3<sup>rd</sup> Street  
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 www.skagitfamilyhealth.com

**PATIENT MEDICAL HISTORY INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

HEALTH COMPLAINT/REASON FOR TODAY'S VISIT	

MEDICAL HISTORY - List chronic, serious or significant health conditions with date of onset/diagnosis	
Date	Health Condition

SURGICAL HISTORY - List surgeries and dates	
Date	Surgery

MEDICATIONS/SUPPLEMENTS – List current prescription medications, over the counter medications and supplements			
Name	Strength (e.g. 10 mg tablets)	How is it taken (e.g. 10 mg 2x a day)	Daily or as needed

*Please complete other side. Thank you.*

