

Tondera Family Practice and Chiropractic Confidential Patient Information

How often is it taken: (ex: daily; twice a day)

Medication: _____ Strength: _____

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What is your past medical history? Please list condition and when it started.

Are you allergic to anything? Please list.

Women Only:

No Yes Are you still having regular monthly menstrual periods?
No Yes Are you now on or have you ever taken birth control pills? When? _____
How many children born alive? _____ How many miscarriages? _____
How many premature births? _____ How many cesarean operations? _____
Date of last menstrual period _____

