



CLINICAL HISTORY
S.H.A.R.P. CARD
FAMILY HISTORY (Please Describe)

PERSONAL PATHOLOGICAL HISTORY (Please Describe)

BLOOD TYPE & RH:
CONGENITAL DISEASES :
DISEASES DURING CHILDHOOD :
SURGICAL HISTORY (Including metallic implants, i.e. pacemaker, artificial knee, artificial hip, etc.):
TRAUMATIC HISTORY :
ALLERGIES AND SENSITIVITIES :
EXPOSURE TO OCCUPATIONAL HAZARDS?
BLOOD TRANSFUSIONS :
IMMUNIZATIONS:
CURRENT MEDICATIONS AND SUPPLEMENTS:
NOTES:

NON-PATHOLOGICAL HISTORY

DO YOU SMOKE? YES : <input type="checkbox"/> NO : <input type="checkbox"/>	DO YOU DRINK ALCOHOL? YES : <input type="checkbox"/> NO : <input type="checkbox"/>
DO YOU USE RECREATIONAL DRUGS? YES : <input type="checkbox"/> NO : <input type="checkbox"/>	IF YOU DRINK ALCOHOL, HOW MANY OUNCES PER WEEK?