# Medical History Summary

Name: _____ Born: _____ Date Completed: _____

Family Physician: _____ Physician's Phone # : _____

What month/year did you last smoke tobacco? _____/_____ ❒ Never Height _____ Weight _____

**Allergies**

| Allergen | Date Started | Typical Symptoms & Severity |
|---|---|---|
| | | |
| | | |

**Medications (List any prescription medications taken in the past 12 months)**

| Drug Name | Dose | Frequency Taken | Condition Treated | Date First Prescribed | Date of Last Change | How Dosage Changed | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Increase | Decrease | Stop |
| | | | | | | ❒ | ❒ | ❒ |
| | | | | | | ❒ | ❒ | ❒ |
| | | | | | | ❒ | ❒ | ❒ |
| | | | | | | ❒ | ❒ | ❒ |
| | | | | | | ❒ | ❒ | ❒ |
| | | | | | | ❒ | ❒ | ❒ |
| | | | | | | ❒ | ❒ | ❒ |
| | | | | | | ❒ | ❒ | ❒ |
| | | | | | | ❒ | ❒ | ❒ |

**Medical Conditions, Hospitalizations, Surgeries, Investigations, etc. Include pending tests, surgeries, etc.**

| Condition | Date | Results |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

info@hotwinters.ca
www.hotwinters.ca



HotWinters.ca Travel Medical Insurance
5425 Portage Avenue
Headingley, MB
R4H 1H8

` 204-415-5004 306-721-1435
250-900-9949 587-332-0567
800-506-7675