BARBER & RICHARDSON, PC.
WILLIAM BARBER, M.D.
HEATHER RICHARDSON, M.D.
AMANDA J. MOREHOUSE, M.D.

MEDICAL HISTORY

Date:_______________

Name:_____________________________ Birth date:__________________

Reason for Visit:____

If you have any of the following medical problems with or without surgery please check and describe below.

____Lung trouble/Emphysema	____Anemia	Allergies
____Asthma	____Bleeding Disorder	____Penicillin
____High Blood Pressure	____Blood Clots	____Novocain
____Heart Attack/Angina	____Diabetes	____Iodine dye
____Liver trouble/Cirrhosis	____Arthritis	____Sulfa
____Stomach Ulcers	____Gout	____Latex (rubber)
____Kidney trouble	____Cancer	____Tape
____Hernia	____Epilepsy	Others____________
____Others – explain below	____Thyroid trouble	

Do you smoke? _____No _______Yes How much_____________ How many years______

If you selected "No", have you ever smoked?__________ If yes, how long ago?____________________

Medical Problems	Previous Surgery
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________

Medications dosage how often	Other Comments
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________