Medi-Slim
Weight Loss & Spa

Patient Medical History Form

1. **Past Medical History:**

- ☐ Polio
- ☐ Jaundice
- ☐ Kidney Disease
- ☐ Lung Disease
- ☐ Rheumatic Fever
- ☐ Ulcers
- ☐ Anemia
- ☐ Tuberculosis
- ☐ Drug Abuse
- ☐ Pneumonia
- ☐ Cancer
- ☐ Osteoporosis
- ☐ Diabetes
- ☐ Measles
- ☐ Mumps
- ☐ Scarlet Fever
- ☐ Whooping Cough
- ☐ Bleeding Disorder
- ☐ Gout
- ☐ Heart Valve Disorder
- ☐ Gallbladder Disorder
- ☐ Eating Disorder
- ☐ Malaria
- ☐ Blood Transfusion
- ☐ Heart Attack
- ☐ High Blood Pressure
- ☐ Tonsillitis
- ☐ Pleurisy
- ☐ Liver Disease
- ☐ Chicken Pox
- ☐ Nervous Breakdown
- ☐ Thyroid Disease
- ☐ Heart Disease
- ☐ Psychiatric Illness
- ☐ Alcohol Abuse
- ☐ Typhoid Fever
- ☐ Arthritis
- ☐ Illegal Drug Use
- ☐ Drug Dependence
- ☐ Other: .....

2. Serious Injuries: (Only if it effects ability to exercise) ☐ Yes ☐ No

.....

.....

3. Any Major Surgery: ☐ Yes ☐ No

.....

.....

4. History of Sleep Apnea: ☐ Yes ☐ No

5. Family History:

	Age	Health	Disease	Cause of Death	Overweight?
Father					
Mother					
Brothers					
Sisters					