Medi-Slim
Weight Loss & Spa

# Patient Medical History Form

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Patient Name

**Present Status:**

**1.** Are you in good health at the present time to the best of your knowledge? ☐ Yes ☐ No

If No, Please explain:

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**2.** Are you under a doctor's care at the present time for any reason? ☐ Yes ☐ No
If yes, for what reason(s)?

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**3.** Are you taking medications (prescription, over-the-counter, herbal or vitamins) at the present time? ☐ Yes ☐ No

**Medication** **Dosage**

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**Any Allergies to Any Medications?** ☐ Yes ☐ No
Specify:

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