

## PATIENT QUESTIONNAIRE

Name:			DATE:		
ALLERGIES		ALLERGIES		TYPE OF REACTION	
ALLERGIES		ALLERGIES		TYPE OF REACTION	
MEDICINE WH		HAT DO YOU TAKI	IT EOD	DOSAGE	HOW MANY TIMES A DAY
WEDICINE	771	IAI DO TOO TAKE II TOK		DOJAGE	HOW WAIT HIVESA DAT
Do you use Tobacco? (V/M)			Do you uso Drugs? (V/N)		
Do you use Tobacco? (Y/N) If so, how much?			Do you use Drugs? (Y/N) If so, What kind & how much?		
Do you use Alcohol? (Y/n)			11 30, What kind & now much.		
If so, how much?					
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PREFERRED PHARMACY		PHONE NUMBER		ADDRESS	
PRIMARY CARE DOCTOR		PHONE NUMBER		ADDRESS	
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