

JOHN A. PORTER D.M.D. --- HEALTH HISTORY AND INFORMATION FORM

The following information is needed to determine how best to serve you. All information given will be c

MEDICATION LIST FOR FOR _____ DATE _____

	<u>MEDICATION</u>	<u>DOSE</u>	<u>FREQUENCY</u>	<u>REASON</u>
0.	(Example) Metformin	850 mg	2 X per day	Type II Diabetes
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____

Comments:
