

# History

Name: \_\_\_\_\_ age: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out the following with the approximate age of occurrence

**Surgery**

**Age**

**Injury accident without stitches**

**Age**

---

---

---

---

---

---

**Injuries/accidents with stitches**

**Age**

**Long visits to foreign countries like India, Mexico, Africa?**

**Age**

---

---

---

---

**Major Psychological Trauma**

**Age**

**Treated for Parasites?**

**Age**

---

---

---

---

**Serious infections**

**Age**

**Medication/Allergies**

**Age**

---

---

---

---

---

---