Hyperbaric Centers of Florida

21st Century technology in a safe and caring environment

PATIENT HISTORY FORM

HEIGHT: _____ WEIGHT _____

CAREGIVER: _____ CAREGIVER'S DAY TEL: _____ EVE: _____

CAREGIVER'S ADDRESS: _____

_____

REFERRING PHYSICIAN: _____ TEL: _____

TYPE OF INDICATION: _____

_____

REQUIREMENT(S): _____

_____

_____

_____

MEDICATIONS:

1. _____ 5. _____ 9._____

2. _____ 6. _____ 10. _____

3. _____ 7. _____ 11. _____

4. _____ 8. _____ 12. _____

ALLERGIES:

1. _____ 4. _____ 7. _____

2. _____ 5. _____ 8. _____

3. _____ 6. _____ 9. _____

DIAGNOSIS: _____

PREVIOUS MEDICAL HISTORY: _____

_____

CONTACT LOG: _____

_____

_____

_____

ADVANCED DIRECTIVE: _____

NOTES: _____

_____

_____

_____