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WMed

Patient name: _____ Age: _____ Date of birth: _____

Reason for visit: _____ Onset of symptoms: _____

Family doctor: _____

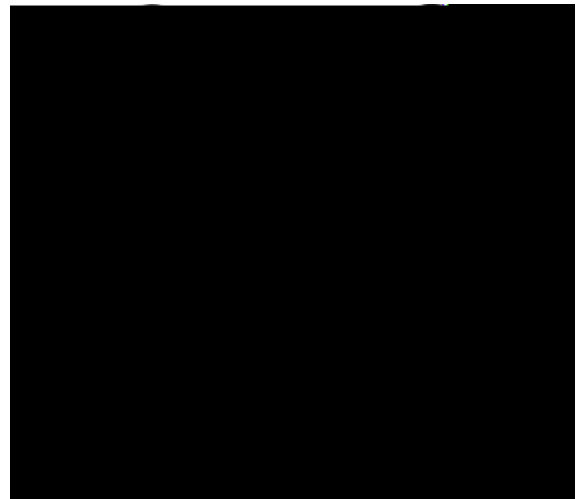
Specialists (heart doctor, kidney doctor, etc.): _____

Preferred pharmacy: _____

WMed Place an "X" on the pain scale to indicate your level of pain. Place an "X" on the body diagrams to indicate where your pain is located.

Front

Back



WMed If you are NOT an established WMed Health patient, please list your current medications:

- | | |
|----------|----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _ | 10. _ |

B (Reaction) _____

■ (Please circle "Y" for yes or "N" for no if you have had any of the following medical problems)

High blood pressure	Y	N	COPD/asthma	Y	N	Osteoporosis	Y	N
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