

Carroll Arthritis, P.A.

Patient Medical History

Patient Name _____ DOB _____

Primary Care Physician _____

Medication Allergies and what happens?

List of Current Medications (OTC and Prescription) – Strength and how many times taken.

Medical Conditions known to the patient:

Have you ever been hospitalized? If yes, please list dates and problems/surgery.

Does any family member have arthritis? If so, what type?
