Paul A. Blair, M.D., INC.

3667 Teays Valley Road * Hurricane, WV 25526 * (304) 201-3223 P * (304) 201-6555 F

Date: ___/___/___

Patient: _____ DOB: ___/___/___

Age: _____ Weight: _____ Height: _____

Primary Care Physician: _____

Allergies to food, latex, dyes or medications? { } YES { } NO

Allergy	Reaction

Allergy	Reaction

Medications: (list all currently taking, including OTC and vitamins/herbs.)

Drug	Dose	Frequency

Drug	Dose	Frequency

Previous Surgery and Approx. Dates

_____ ___/___/___

_____ ___/___/___

_____

_____ ___/___/___

_____ ___/___/___

List of Doctors Currently Seeing and For What Reason:

_____

_____

_____

_____

Single { } Married { } Divorced { } Widowed { }

Employed: { } YES { } NO Occupation: _____

Tobacco Use: { } YES { } NO { } Quit _____packs per day_____for_____years

Alcohol Use: { } YES { } NO { } Rarely { } Moderate { } Daily

Family Medical Illness History:

Mother: _____

Father: _____

Siblings: _____