Agent Resources Inc.
Phone: 631-589-1930 - Fax: 631-589-1964 - tim@agtresources.com

Preliminary Medical Info

Client Name: _____ Date of birth: _____

Height: _____ Weight: _____ Sex: _____

Nicotine/Tobacco: Last Use: _____ Type: _____Frequency: _____

Medications:

Type: _____ Reason: _____ Dosage: _____
Type: _____ Reason: _____ Dosage: _____
Type: _____ Reason: _____ Dosage: _____
Type: _____ Reason: _____ Dosage: _____
Type: _____ Reason: _____ Dosage: _____

Any hospitalization in the past 5 yrs? _____
_____
_____

Any history of cancer, tumor, heart disease, kidney disease, circulatory disease, diabetes, leukemia, arthritis? Do you use a walker, cane or need assistance moving around?
(Please provide dates, treatment and details)

_____

_____

_____

_____

Family History:

Mother: Cancer? _____ Heart disease? _____ Current age: _____ Age at death: _____
Type:_____
Father: Cancer? _____ Heart disease? _____ Current age: _____ Age at death: _____
Type:_____
Siblings: Cancer? _____ Heart disease? _____ Current age: _____ Age at death: _____
Cancer? _____ Heart disease? _____ Current age: _____ Age at death: _____

Any foreign travel? _____

Any tickets, accidents, DWI ? _____

Disability: Occupation & exact duties: _____

_____

If Self Employed Net Annual Income or W-2: _____