

**Agent Resources Inc.**

**Preliminary Medical Info**

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

Client Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Nicotine/Tobacco/Marijuana/CBD: 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 Only:** Occupation & exact duties: \_\_\_\_\_

\_\_\_\_\_

W-2 Amount or If Self Employed Net Annual Income: \_\_\_\_\_