## Oakwood Family Care

Surgery & Drug Allergy Information

Name:	Date:	DOB:	Age:	Sex:
Purpose of Initial Visit:				
Please List Any Drug Alle	ergies:			
_				
Please list <u>all</u> Current Me	dications you are on inclu	ding over the counter:		
Please list all operations	and the date:			
r rease list all operations t	and the date.			
Please list all hospitalizat	ions and other surgeries:			