

Mt Lebanon Internal Medicine
2000 Oxford Dr, Suite 420
Bethel Park, PA 15102
Ph 412-942-8500 Fx 412-942-8519

Medical History

Name: _____ Age: _____ Birth date: _____
Single Married Divorced Widowed Separated Spouse name: _____
Children (ages): _____
Occupation: _____
Education: _____

Allergies to medications, X-ray contrast, or other substances (please list the name of medicine and type of reaction):

Medications (Prescription, over-the-counter, vitamins, dietary supplements, etc.)

Drug name	Dose	Frequency	Drug name	Dose	Frequency
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Past Medical History

Please list medical problem, year of occurrence, treatment, including hospitalizations, and operations:

MD Review _____ Date: _____