

Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last, First Middle*

Preferred Name: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ MGA ID#: \_\_\_\_\_

Marital Status: Single Married Divorced Widowed Separated Other

**DRUG ALLERGIES OR SENSITIVITIES**

None Aspirin Codeine Penicillin Sulfa Any other drug: \_\_\_\_\_  
Reactions: \_\_\_\_\_


**ILLNESS/ INJURY /CONDITIONS**

**No medical history or major illness/injury**      Wear glasses

- CIRCULATORY**  
Heart Disease  
Heart Defect  
Heart Murmur  
Irregular Heart Beat  
High Blood Pressure  
Diabetes

- RESPIRATORY**  
Asthma  
Pneumonia  
Shortness of Breath  
COPD

