

MEDICAL HISTORY

Ocala Neurosurgical Center
Barry J. Kaplan, M.D. • Antonio DiScialfani, M.D. • Mark Oliver, M.D. • Daniel Robertson, M.D.
1901 S.E. 18th Avenue • Suite 101 • Ocala, Florida 34471
(352) 622-3360

Today's Date _____

Name _____ Date of Birth _____

Persons to contact in an emergency:

1. Name _____
Address _____ City _____ State _____
Phone Number (_____) _____ Relationship _____

2. Name _____
Address _____ City _____ State _____
Phone Number (_____) _____ Relationship _____

Spouse Name (Parent, if minor) _____

Who is your medical doctor? _____

Other physicians you are seeing? _____

Allergies: List any medicine, food (including seafood/shellfish), plants, animals or other products you are allergic to.

Instructions: List any medications that you use often or every day. Be sure to include medicines like Tylenol, aspirin, antacids, laxatives, sleeping pills, cold medicines, antibiotics (penicillin, sulfur, etc.) codeine, diet pills, vitamins, sedatives (nerve pills), eye drops, and birth control pills.

Please bring the medications with you on the day of the appointment.

| | Medication (that you use often or daily) | Dosage (mg. strength) | How Often (how many times a day) |
|-----|---|--------------------------|-------------------------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ |

