

Drop-off or mail: KLO Road, Kelowna BC V1Y 4X8
Email:

MEDR Health Checklist to Take to Doctors Office

Patients name: _____

Doctor's name: _____

1. Do you have any allergies? Yes/No
If yes, what are you allergic to?

How do you react to allergic substances? _____

2. Recent surgery: Yes/No
If yes, please specify:

3. Do you have a history of:

Back problems? Yes No
Joint problems? Yes No
Repetitive strain injury? Yes No
Chronic Skin Condition? Yes No
Are you pregnant? Yes No

4. Do you have a disability that may prevent you from:

Standing for long periods of time? Yes No
Lifting 25-30 lbs? Yes No
Using fine and gross motor skills? Yes No
Seeing fine print? Yes No

If you answered yes to any questions in section 3 or 4, please explain:



Signature:

Date:

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