Wakefield Family Medicine

131 Meadow Street Sanbornville, NH 03872
Office Phone: (603) 871-8227 – Office Fax: (603) 871-8285

Annual Health Review/ Adult Health History

Today's Date: _____

Name: _____ **Date of Birth**: _____

Sex: Male / Female **Advanced Directives:** _____

List of Specialists involved in your care: _____

_____

Preferred Pharmacy: _____

Current Medications (drug name, dose, frequency):

_____

_____

_____

Drug or Food Allergies: _____

Current Medical Conditions/Diagnosis:

_____

_____

_____

Surgical History (type of surgery with date performed): _____

_____

_____

PREVENTATIVE CARE (Please list date if available):

Colonoscopy _____ Mammogram _____ Cervical/PAP_____
Bone Density _____ Tetanus Vaccine _____ PSV 23 Vaccine _____