

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 working?

