COUNTRYSIDE MEDICAL

7860 SW 103rd St. Rd.
Bldg. 100, Ste. 101
Ocala, Florida 34476
(352) 873-4458
Fax (352) 873-8116

Name: _____

HEALTH MAINTENANCE INFORMATION

When was your last: Date

General physical examination _____
Blood test _____
EKG _____
Chest X-ray _____
Pap Smear and pelvic exam _____
Prostate check _____
Colonoscopy _____
Tetanus Booster _____
Eye Exam _____
Mammogram _____
Bone Density _____

Result _____

Please list all surgeries and the dates

Year Procedure

Please list any other injury, hospitalization, or disease not already noted, including x-rays

Year Event

LIST ALL MEDICATIONS YOU ARE TAKING, BOTH PRESCRIPTION AND OVER-THE-COUNTER

MISCELLANEOUS:

Is there any other information or problem not listed or explained above which you think our physician or his assistant should know?