



Telegraph Urgent Care  
2510 S Telegraph Road  
Bloomfield Hills, MI 48302

**Patient History**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient ID \_\_\_\_\_ (OFFICE USE ONLY)

**ALLERGIES TO MEDICATION/OTHER ALLERGIES:**

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**CURRENT MEDICATIONS (Include dose and non-prescription drugs):**

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**PAST MEDICAL HISTORY:**

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**PAST SURGICAL HISTORY:**

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**HOSPITALIZATIONS:**

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**FAMILY HISTORY:**

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**OBGYN HISTORY: # OF PREGNANCIES \_\_\_\_\_ #OF DELIVERIES \_\_\_\_\_**

**CURRENT TOBACCO USE? \_\_\_\_\_ PKS PER DAY: \_\_\_\_\_ YRS: \_\_\_\_\_**

**ALCOHOL USE ? \_\_\_\_\_ ANY RECREATIONAL DRUGS? \_\_\_\_\_**

**DATE OF LAST TETANUS SHOT? \_\_\_\_\_**