HALEYREHAB
Specializing in Cancer Recovery

Health History Form
Yearly Update

Patient Name: _____ **Hospital Green Card #:** _____

In the past year:

Have there been any changes to your health? ☐ Yes ☐ No
If yes, please specify: _____

_____

Have you developed or discovered any new allergies? ☐ Yes ☐ No
If yes, please specify: _____

_____

Do you have any new medications or have you discontinued any medications? ☐ Yes ☐ No
If yes, please specify: _____

_____

Have you had any surgeries? ☐ Yes ☐ No
If yes, please specify: _____

_____

Have you been hospitalized? ☐ Yes ☐ No
If yes, please specify: _____

_____

Do you currently have, or have you recently had any infections? ☐ Yes ☐ No
If yes, please specify: _____

_____

_____ _____
Signature Date (dd/mm/yyyy)