

**GREW, MORTER & HARTYE, P.A.**  
**HEALTH & TREATMENT HISTORY**

Please list your past & current significant health conditions (allergies, heart, pregnant, diabetes, etc.), what the treatments were/are (medication, surgery, etc.), and your care providers:

Condition	Treatment/Regimen	Past or present condition?	Provider

Please list any medications you are currently taking:

Medication	Dosage	Frequency (once a day, as needed, etc.)

Do you have any drug allergies? \_\_\_\_\_

Mental health professional(s) seen in the past or currently:

Family Member	Professional Seen	Dates Seen

Patient signature: \_\_\_\_\_ Date \_\_\_\_\_