Marc Gilmartin, MA
1800 116th Ave NE, Ste. 104
Bellevue, WA 98004
P: 425-285-8404
marc@marcgilmartin.com
www.marcgilmartin.com

Medical History

For the following questions, please list as much information as you know. Leave blank the questions that you are unable to complete.

- **Client Name: _____ DOB: _____**
- **Primary Care Physician: _____ Phone: _____**

Address: _____City, State, Zip: _____

- When was the last time you had a physical (approximate date): _____
- What were the results:

- Present Medical Conditions (eg. High blood pressure, high cholesterol, diabetes):

- Past Medical Conditions (eg. Surgeries, chronic ailments):

- Are you in any physical pain right now? If so, please describe:

- Have you ever had a head injury (either losing or not losing consciousness)?

If so, please describe:

- Any history or seizures?

- Any supplements, vitamins or other non-prescription products that you are currently taking (include essential oils)?

Prescribed Medication (current and history). List as much information as you know:
Current Medications:

Medication	Dosage/Frequency	Prescribed by	Reason	Date last used	Side effects

Historical medication (medicines you've taken in the past):

Medication	Dosage/Frequency	Prescribed by	Reason	Date last used	Side effects