Boyer Chiropractic
& Wellness Center

Medication and Surgical History

Please list any medications you are currently taking. Include both prescription and over the counter drugs, as well as any supplements you use regularly.

Medication Name	Purpose

Please list any medical conditions and past surgeries.

Please list any allergies and your reactions.

Allergy	Reaction

Please circle your answers.

Do you drink alcohol? **Yes or No**

Do you use tobacco products? **Yes or No**