Boyer Chiropractic & Wellness Center

Medication and Surgical History

Please list any medications you are currently taking, including prescription and over-the-counter drugs, as well as 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