

Drop-off or mail: KLO Road, Kelowna BC V1Y 4X8  
Email:

## MEDR Health Checklist to Take to Doctors Office

Patients name: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

**1. Do you have any allergies?** Yes/No  
If yes, what are you allergic to?

**How do you react to allergic substances?** \_\_\_\_\_

**2. Recent surgery:** Yes/No  
If yes, please specify:

**3. Do you have a history of:**

Back problems? Yes No  
Joint problems? Yes No  
Repetitive strain injury? Yes No  
Chronic Skin Condition? Yes No  
Are you pregnant? Yes No

**4. Do you have a disability that may prevent you from working?**

