

HOWARD UNIVERSITY

COLLEGE OF MEDICINE
DEPARTMENT OF ANATOMY

BRIEF MEDICAL HISTORY

NOTE: THE INFORMATION YOU SUPPLY WILL REMAIN CONFIDENTIAL

Name: _____

Childhood diseases:

Deformities or Abnormalities:

Illnesses and Accidents: (Please include type of illness or accident, approximate dates and duration. If hospitalized, list name and address of hospital and name and address of physician. Were you incapacitated as a result of illness or accident? If so, how long? If additional space is needed, use a separate sheet.)

Present State of Health: _____

Additional Information or Remarks: _____

Signature: _____

Phone number: _____

Email Address: _____

