Yaseen Hajj & Umrah Tours

Patient Medical History - Please complete this form

Name: _____ Date of Birth: ___/___/ ___ Age: ____ Sex: ____

Personal Medical History:

	Condition / Disease		*Condition / Disease*
☐	Hypertension	☐	High Blood Pressure
☐	High Cholesterol	☐	Bladder Problems
☐	Hypothyroidism (low thyroid)	☐	Anxiety
☐	COPD, Emphysema or Asthma	☐	Seizure Disorder
☐	Diabetes	☐	Bleeding Problems
☐	GERD	☐	Stroke
☐	Depression	☐	Dementia
☐	Heart Problems -	☐	Kidney Disease

Medication / Food	*Allergic Reaction*	*Medication / Food*	*Allergic Reaction*

- ***List all your medications:***

Medication	*Strength*	*Number of pills taken & frequency*

- ***List if you have taken any of the vaccines below:***

	Month/Yr
Flu Vaccine	
Pneumonia Vaccine	
Tetanus Vaccine	
Hepatitis B Vaccine	
Shingles Vaccine	
Meningitis's Vaccine	

Social/Cultural History: - Circle one

- ☐ Are there any hearing problems that affect your communication: YES or NO
- ☐ Are there any limitations to understanding or following instructions: YES or NO
- ☐ Any disabilities if yes, mention below: YES or NO

In case of emergency you have given the permission to be treated at the nearest health center accessible in the vicinity during your tour.

Patient Signature: _____ Date: _____

Patient Spouse or relatives whom you are authorizing to the share this information: Name: _____

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The purpose of this form:

- In case of emergency adequate medical needs are met during your tour.
- The information provided will be kept confidential and discarded appropriately after the end of the tour.
- The information will be shared only to whom you have authorized in the form.