

Laura Rampil, D.O., P.A.
1850 Lee Rd., Ste 240
Winter Park, FL 32789
407.951.8548

Patient Name: _____

DOB: _____

Purpose of Visit: _____

Do you have any allergies to medications? If so, what?

Do you smoke? Yes____ **No**____ **If yes, how many packs per day?**_____

How many years have you smoked? _____

Do you drink alcohol? Yes____ **No** _____ **If yes, how much and how often?**

What medications do you take? (Include prescription, over the counter, supplements, CBD, Medical Marijuana) Turn page over if needed.

| Name of Medication | Dose | Frequency |
|---------------------------|-------------|------------------|
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