



## Medical/Dental History Questionnaire

*Please answer the following questions providing as detailed of responses as necessary and to your complete knowledge:*

Date: \_\_\_\_\_

First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

If married, spouse name and phone number: \_\_\_\_\_

If single, provide name and phone number for emergency contact only: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

What type of surgery, treatment or dental procedure are you interested in (please be as specific as possible)?

\_\_\_\_\_

\_\_\_\_\_

Reason you wish to have surgery or dental procedure?

\_\_\_\_\_

\_\_\_\_\_

Have you had previous surgery or requested dental procedure? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list previous procedures with dates:

\_\_\_\_\_

\_\_\_\_\_

Were you satisfied with the results? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you suffer from any chronic illnesses (i.e. diabetes, etc.)? If so, please list. \_\_\_\_\_

How is your general health? Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Please place an X in the blanks designating a body area where you've experienced problems or illnesses.

Brain \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Chest \_\_\_\_\_ Throat \_\_\_\_\_  
Neck \_\_\_\_\_ Lungs \_\_\_\_\_ Heart \_\_\_\_\_ Legs \_\_\_\_\_ Arms \_\_\_\_\_ Kidney \_\_\_\_\_  
Liver \_\_\_\_\_ Stomach \_\_\_\_\_ Cataracts \_\_\_\_\_ Bladder \_\_\_\_\_ Intestines \_\_\_\_\_ Nervous System \_\_\_\_\_  
Reproductive System \_\_\_\_\_

General Allergies (specify) \_\_\_\_\_

Allergies to medicines (specify) \_\_\_\_\_

Have you suffered any negative experience with anesthetics? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Please list the medications you presently take: \_\_\_\_\_

Do you use tobacco? No \_\_\_\_\_ Yes \_\_\_\_\_ If so, what form? \_\_\_\_\_

Alcohol intake: None \_\_\_\_\_ Daily \_\_\_\_\_ Occasionally \_\_\_\_\_

How does your skin scar? Okay \_\_\_\_\_ Heavy \_\_\_\_\_ Keloid \_\_\_\_\_

Have you seen a psychiatrist in the last five years? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Please provide Primary Physician or Dentist Contact Information (Name, Phone #, Address) \_\_\_\_\_

List any specific comments or information you would like to share with us about your health, medical and dental history: \_\_\_\_\_

**Disclaimer & Release of Liability:** Medical Tourism Consumer (MTC), listed on Medical History Questionnaire, hereby releases Medical Retreat Abroad LLC (MRA) from liability for any and all present and future claims resulting from ordinary negligence on the part of MRA. In consideration of MTC's participation, MRA agrees to assist MTC in resolving any complaint that may arise during the duration of the "arranged" experience, to be considered ended at time of "assigned" medical center release of patient care, but cannot make promises that complaint resolution will be to MTC's desired outcome. Should MTC determine legal action is an option, it is clearly understood by MTC that they will reimburse and hold harmless MRA for any financial loss brought on by injury, complaint or any other reason MTC used to determine pursuit of legal action. Any legal proceedings will be pursued only in the State of Florida, physical address of MRA.

Any activity outside of "arranged" and "assigned" experiences relinquishes MRA and affiliates of any and all liabilities. MTC will not hold MRA responsible or liable for any injury sustained while participating in both the "arranged" and "assigned" experience. MTC relinquishes, on behalf of self, spouse, heirs, estate and assigns, the right to recover for injury or death. The waiver protects the corporate entity, all principals, employees, affiliates and all others involved in providing MTC both the "arranged" and "assigned" services.

MTC agrees to never institute any action or suit at law or in equity against MRA, nor institute, prosecute or in any way aid in the institution or prosecution of any claim, demand, action, or cause of action for damages, costs, loss of services, expenses, or compensation for or on account of any damage, loss or injury either to person or property, or both, whether developed or undeveloped, resulting or to result, known or unknown, past, present or future, arising out of "arranged" or "assigned" experience.

The MTC hereby expressly agrees that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion hereof is held invalid, it is agreed that the balance shall; notwithstanding, continue in full legal force and effect.

I have read and understand this Waiver:

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Signature

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Date