
CUMBERLAND VALLEY EAR, NOSE, & THROAT CONSULTANTS

A. Christopher Manilla, DO.

Angela Stonebraker, MD

Megan Willwerth, CRNP

Carmen Howe, CRNP

YEARLY MEDICAL HISTORY UPDATE

First Name: _____ MI: _____ Last Name: _____

Date of Last Visit: _____

Any new medical problems since your last visit?

☐ No

☐ Yes

if yes, please list:

Any new medication allergies since your last visit?

☐ No

☐ Yes

If yes, please list:

Have you had a flu shot in the past year?

☐ No

☐ Yes

If yes, please give date: _____

Have you ever had a pneumonia shot?

☐ No

☐ Yes

If yes, please give year: _____

List ALL medications you are currently taking. (Or give list to nurse)

Do you have any new surgeries since your last visit?

☐ No

☐ Yes

If yes, please list:

Please list your preferred pharmacy:

	Pharmacy Name	Street	City & State
Local Pharmacy	<hr/>	<hr/>	<hr/>
Mail Order Pharmacy	<hr/>	<hr/>	<hr/>