



ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
MANGALAGIRI  
**Department of Anatomy**



**BRIEF MEDICAL HISTORY**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Religion: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Medical History**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Surgical History**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Signature:

Name: