

# Medical History



Form I D

Date

Patient Name

Email Address

**Address:**

City State

Zip Code

Date Of Birth

Home Phone

Cell Phone

Date Last Physical

Physical Outcome

Current Physician

American Institute of Advanced Medicine  
 451 East 1000 South Suite B  
 Pleasant Grove, UT 84062  
 USA

Phone: (877)414-2426  
 Fax: (866)411-2779  
 www.TheAIAM.com

Sleep Nightly

Time Of Year

Occupation

Stressful Events

General Health

If female please fill out the next two questions.....

Are You Pregnant

Planning Pregnancy

Disease Diagnosis For Physician Only

**Important**  
**Unless you are committed to following the prescribed treatment protocol, you will not have a successful outcome and we advise that you do not become involved in this program. Please list any concerns below.**

## Please List all allergies to Medication

Name	How Long	Treatment

Purchase Amount

Shipping

Total Sale

**Enclosed with your SCS 90-day kit, the AIAM will be sending you a filled-out Insurance Claim Form for you to send to your insurance company for reimbursement.**

Click Submit button when form is complete.