

# FAMILY AND PERSONAL HEALTH HISTORY

**Note:** Please complete all information on this record. All information is treated in confidence and will not be released unless you grant permission.

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Today's Date \_\_\_\_\_

Occupation \_\_\_\_\_ Last Physical Examination Date \_\_\_\_\_ Daytime Phone \_\_\_\_\_

## FAMILY RECORD

Check (✓) condition(s) and relationship of any blood relative who has or has had any of the conditions listed below.

	YES	NO	1-KIN	2-KIN	3-KIN	4-KIN	5-KIN	6-KIN	7-KIN
Alcoholism									
Allergies									
Anemia									
Arthritis									
Asthma									
Birth Defects									
Bleeding Tendency									
Cancer, tumor									
Colitis									
Congenital Heart									
Diabetes									
Emphysema									
Epilepsy									
Glaucoma									
Goiter									
Hay Fever									
Heart Attack									
Heart Disease									
High Blood Pressure									
Kidney Disease									
Leukemia									
Liver Disease									
Mental Illness									
Migraine									
Nervous Breakdown									
Obesity									
Rheumatism									
Rheumatic Fever									
Sickle-Cell Anemia									
Stomach Ulcer									
Stroke									
Suicide									
Tuberculosis									

## FAMILY MEMBERS

	Living			Deceased		
	AGE	Health			AGE	Cause of Death
		✓ Good	✓ Fair	✓ Poor		
Father						
Mother						
Brother(s)						
Sister(s)						

## OPERATIONS

	Yes	No	Date
Tonsils			
Appendix			
Gall Bladder			
Stomach			
Kidney			
Colon			
Thyroid			
Hernia			
Breast (women)			
Uterus (women)			
Ovaries (women)			
Prostate (men)			

Other - If yes, what:

## Do You: If yes, daily consumption

Smoke	Pkgs.		
Drink Coffee	Cups		
Beer	ozs.		
Hard liquor	ozs.		

## IMMUNIZATIONS

Pneumonia Vaccine			
Tetanus			
Booster			
Measles			
Influenza			
German Measles/Mumps			
Other - If yes, what:			

## X-RAYS

When was last mammogram?			
Back			
Chest			
Colon			
Extremities			
Gall Bladder			
Kidney			
Stomach			
Treatments			
Other - If yes, what:			

## Doctor's Use Only — Summary