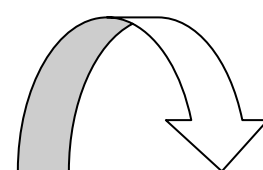


FAMILY AND PERSONAL HEALTH HISTORY

Name _____	Age _____
Occupation: _____	Last exam date: _____

Please check (✓) all that apply	YES	NO	SELF	Mother	Father	Brother	Sister	Son	Daughter	FAMILY MEMBERS	AGE	LIVING	HEALTH Good Fair Poor	DECEASED	CAUSE		
Allergies										MOTHER							
Anemia																	
Arthritis										FATHER							
Asthma																	
Birth defects										BROTHER (S)							
Bleeding tendency																	
Cancer/ tumor																	
Colitis										SISTER (S)							
Diabetes																	
Heart attack																	
Heart disease										FEMALE: ✓	Y	N	DATE	MALE:	Y	N	DATE
High bloodpressure										Menstrual problems				Prostate			
Kidney disease										Ovarian cyst				OTHER			
Leukemia										Breast cancer							
Liver disease										Other breast prob.							
Mental illness										Cystitis/Mastitis							
Migraine										Gynecological							
Nervousbreakdown										Pregnancies							
Obesity										Miscarriages							
Rheumatism										IMMUNIZATION	Y	N	DATE				
Rheumatic fever										Pneumonia							
Sickle-cell anemia										Tetanus							
Stomach ulcer										Booster							
Stroke										Measles							
Suicide										Influenza							
Tuberculosis										Other							



PAST AND PRESENT MEDICAL PROBLEMS

Check (✓) all items either yes or no and give date if past.	No	Yes Now	Yes Past	If past- Date
Asthma				
Abnormal Electrocardiogram				
Angina				
Anemia (type)				
Arthritis				
Broken bones				
Cataracts				
Chronic Bronchitis				
Chronic lung disease				
Cirrhosis of liver				
Colon trouble				
Bowel trouble				
Deafness				
Ear infections				
Emphysema				
Enlarged heart				
Glaucoma				
Gall stones				
Gout				
Goiter				
Hay fever				
Heart murmur				
Heart attack				
High blood pressure				
Hepatitis				
Hemorrhoids				
Kidney infection				
Kidney stones				
Nervous breakdown				
Polio				
Rheumatic fever				
Rectal trouble				
Recurrent boils				
Stroke				
Stomach- Duodenal ulcer				
Skin disease				
Serious depression				
Emotional problems				
Tuberculosis				
OTHER- DESCRIBE:				