

HAVE YOU HAD:	YES	NO	HAVE YOU HAD	YES	NO	HAVE YOU HAD	YES	NO
Head injury w/unconsciousness			Sexually Transmitted Disease			Counseling/Mental Health Treatment		
Asthma			Chicken Pox			Recreational Drug Use		
Recurrent Headaches			Scarlet Fever			Tobacco Use		
Seizure Disorder			Hay Fever			Alcohol Use		
Hearing Loss			Rheumatic Fever			# times per week		
Recurrent Ear Infections			High Cholesterol			Amount per session		
Thyroid Problem			Hepatitis A,B or C			Exercise: # times per week		
Heart Problem/Murmur			Diabetes			Operations/Dates:		
Kidney/Urinary Tract Problems			High Blood Pressure			Chronic Health Problems:		
Gynecology Problems			Digestive Tract Problem					
Recent Weight Change			Cancer/Tumor/Cyst					
Bleeding/Blood Disorder			Eating Disorder					
Tuberculosis								

**ALLERGIES or REACTIONS TO MEDICINES:** \_\_\_\_\_

When were your most recent **IMMUNIZATIONS:**

Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Influenza (flu shot) \_\_\_\_\_ Measles \_\_\_\_\_ Pneumovax (Pneumovax) \_\_\_\_\_  
 Rubella \_\_\_\_\_ Tetanus (Td) \_\_\_\_\_ Varicella (chicken pox) \_\_\_\_\_ or Illness \_\_\_\_\_

When were your most recent **HEALTH MAINTENANCE** screening tests:

Mammogram (year) \_\_\_\_\_ Normal? \_\_\_\_\_ PSA (Prostate Cancer Screen) \_\_\_\_\_ Normal? \_\_\_\_\_  
 Pap Smear (year) \_\_\_\_\_ Normal? \_\_\_\_\_ Stool Test for Blood \_\_\_\_\_ Normal? \_\_\_\_\_  
 Sigmoidoscopy \_\_\_\_\_ Normal? \_\_\_\_\_

**HAS ANY FAMILY MEMBER EVER HAD:**

(parent, sibling or grandparent)	YES	NO	Relationship:	(parent, sibling or grandparent)	YES	NO	Relationship:
Tuberculosis				Asthma			
Drug/Alcohol Abuse				Thyroid Disease			
Diabetes				Seizure Disorder			
Kidney Disease				Blood Disorder			
Heart Disease				Cancer			
High Blood Pressure				Stroke			
Arthritis				Obesity			
Stomach Disease				Other:			
High Cholesterol							

Family Member	Health Status Excellent/Average/Poor	Age	If no longer living, cause of death & age at death
<b>Father</b>			
<b>Mother</b>			
<b>Brothers</b>			
<b>Sisters</b>			
<b>Spouse/Partner</b>			
<b>Children</b>			

