

PERSONAL HEALTH HISTORY - Continued

Serious Illnesses NOT requiring Hospitalization		Hospitalizations (Not including normal pregnancies)	
Illness	Year	Surgery or Illness	Year

FAMILY HEALTH HISTORY

Indicate status (in this row only): A=Alive D=Deceased U=Unknown							Indicate status (in this row only): A=Alive D=Deceased U=Unknown						
Check Condition(s) below that apply to each relative	Father	Mother	Brother	Sister	Son	Daughter	Check Condition(s) below that apply to each relative	Father	Mother	Brother	Sister	Son	Daughter
Anemia (type)_____							Hepatitis B						
Angina (Chest Pain)							Hepatitis C						
Anxiety							HIV infection						
Arteriosclerotic Heart Disease - ASHD							Hypercholesterolemia (High Cholesterol)						
Arthritis							Hypertension - High Blood Pressure						
Asthma							Hyperthyroidism (OVER active thyroid)						
Back pain							Hypoglycemia						
Bleeding disorders							Hypothyroidism (UNDER active thyroid)						
Cancer (type)_____							Insomnia (SLEEPING problems)						
Cardiovascular (HEART) Disease							Irritable bowel syndrome						
Carpal tunnel syndrome							Liver disease						
Cerebrovascular disease (STROKE)							Lupus						
Chronic Obstructive Pulmonary Disease							Macular Degeneration						
Cirrhosis of the liver							Menopause						
Constipation							Menstrual problems						
Coronary Artery Disease (CAD)							Migraine						
Deep Vein Thrombosis (DVT)							Osteoporosis						
Diabetes							Parkinson's Disease						
Eczema							Renal (KIDNEY) failure						
Emphysema							Renal Calculi (KIDNEY STONES)						
Gastroesophageal REFLUX disease							Rheumatic Fever						
Glaucoma							Seizure Disorder						
Headaches							Sinusitis (SINUS PROBLEMS)						
Hearing Loss							Syncope (PASSING OUT)						
Heart Attack							Ulcerative COLITIS						
Heart Murmur							Other						
Hematuria/BLOOD in urine							Other						

I certify the information given is correct to the best of my knowledge. I will not hold Associates in Family Practice, PLLC or members of its staff responsible for any errors or omissions that I may have made in the completion of this form.

Signature

Date