

Medical History

Name: _____

Have you ever had any of the following?

Date: _____

Yes ✓		Yes ✓	
	ADHD		Gout
	Allergies – food		Heart Disease/Attack, Murmur
	Allergies – seasonal		Hospital Admission other than birth
	Anemia		Hypertension (High blood pressure)
	Arthritis		IBS (Irritable bowel syndrome)
	Asthma		Kidney Disease
	Bi-Polar Disorder		Kidney Stones
	Bladder Kidney Problems		Liver Disease/Hepatitis
	Blood Diseases		Migraines
	BPH (Benign Prostatic Hyperplasia)		Muscle, Joint, or Bone problems
	Cancer		Neurologic Disease
	Chicken Pox		Neuropathy, due to DM
	CFS (Chronic Fatigue Syndrome)		Neuropathy, non DM
	Congenital Abnormalities		OCD (Obsessive compulsive disorder)
	Chronic Constipation		OSA (Obstructive sleep apnea)
	COPD (Chronic Obstructive Pulmonary Disease)		CPAP or BIPAP
	CAD (Coronary Artery Disease)		Osteoporosis
	DDD (Degenerative Disk Disease)		PAD (peripheral artery disease)
	Depression		Panic disorder
	Developmental or behavioral Disorders		Schizophrenia
	DMI (Diabetes type 1, Juvenile)		Pulmonary Embolism
	DM II (Diabetes type 2) adult non-insulin		Seizures/Epilepsy
	DM II adult on insulin		Serious Illness or Injury
	Diverticulitis		Skin problems
	Hyperlipidemia (High Cholesterol)		Spiritual/pastoral/church abuse
	Ear or Hearing Problems		Stroke
	Eczema, Hives or other skin conditions		Thyroid problems
	Enuresis (bed wetting)		Tuberculosis
	Fibromyalgia		Vision or Eye problems
	Generalized Anxiety Disorder (GAD)		Other
	GERD/Reflux, Esophagitis		Other
	Gluten sensitivity, Celiac Sprue		Other

Please provide relevant details or additional conditions on page 2.

Family History

Relationship Key

M – Mother	S – Sister	F – Father	B – Brother
MGM – Maternal Grandmother	MGF – Maternal Grandfather	PGM – Paternal Grandmother	PGF – Paternal Grandfather
MA – Maternal Aunt	MU – Maternal Uncle	PA – Paternal Aunt	PU – Paternal Uncle

Check if anyone in your family has a history of any of the following and please circle relationship.

Condition	Relationship – please circle												
Alcohol/Substance Abuse	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Alzheimer's	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Anemia	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Anxiety	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Asthma	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Bleeding Disorder	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
CAD	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Cancer	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
COPD	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Dementia	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Depression	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Developmental Disorders	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Diabetes	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Epilepsy/Seizures	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Migraines	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Heart Attack	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Heart Disease	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
High Cholesterol	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Hypertension	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Immune Problems	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Kidney Disease	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Liver Problems	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Mental Illness	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Obesity	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Osteoporosis	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Rheumatoid Arthritis	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Sleep Apnea	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Stroke	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Thyroid Problems	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Tuberculosis	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	
Other	M	S	F	B	MGM	MGF	PGM	PGF	MA	MU	PA	PU	