MEDICAL HISTORY

What kinds of treatment have you tried? _____

_____

Have they helped alleviate the condition/problem? _____

_____

Are you currently receiving treatment for your problem? If so, describe: _____

_____

_____

Illnesses: _____

Surgeries: _____

Significant trauma (car accidents, falls, etc): _____

_____

Do you or have you ever had any infectious diseases? Please describe: _____

_____

Medications (prescriptions, over the counter drugs, vitamins & herbs taken in last 3 months):

Medication: _____ Reason for taking it: _____

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Medication: _____ Reason for taking it: _____

Medication: _____ Reason for taking it: _____

Date of last Medical Exam: _____

Average blood pressure _____/_____ Average pulse rate _____

Allergies: _____

FAMILY MEDICAL HISTORY

	Age	Health Problems	Age at Death	Cause of Death
Mother				
Father				
Brother/Sister				
Brother/Sister				

Childhood health: _____

Location of upbringing: _____

Current emotional health: _____

Current quality of life: _____

Stress level of occupation: _____

Have you had any unusual stresses lately? _____

Your favorite time of year: _____ Your least favorite time of year: _____

Hobbies and recreational habits: _____

Do you exercise regularly? _____ Describe: _____

_____

Have you traveled abroad in the past year? _____ Where? _____