



Patient Medical History

Name _____

Birthdate _____

Blood /Circulatory	Date	Comments		Date	Comments
Anemia			Head Injury		
Bleeding Tendency			Hip Fracture		
Congestive Heart Failure			Knee Fracture		
Heart Disease			Leg Fracture		
Hemophilia			Motor Vehicle Accident		
Hyperlipidemia			Neck Fracture		
Hypertension Essential			Pelvis Fracture		
Peripheral Vascular Disease			Rib Fracture		
Raynaud's Disease			Stab Wound		
Rheumatic Fever			Wrist Fracture		
Stroke			Other		
Other			Nervous Disease		
Cancer			Alzheimer's Disease		
Bladder			Epilepsy		
Bone, Soft Tissue, Skin			Multiple Sclerosis		
Brain			Myasthenia Gravis		
Breast			Nervous Disease		
Digestive System			Seizure Disorder		
Endocrine			Other		
Nervous System			OB/GYN		
Respiratory System			Abnormal Pap Smear		
Other Genitourinary Organs			Cystocele		
Other Site			Dysfunctional Uterine Bleeding		
Endocrine			Endometriosis		
Adrenal Gland Disease			Hot Flashes		
Diabetes Mellitus			Pelvic Pain		
Goiter			Postmenopausal Bleeding		
Hyperparathyroidism			Postmenopausal on HRT		
Hypoparathyroidism			Rectocele		
Hyperthyroidism			Uterine Fibroid		
Hypothyroidism			Uterine Prolapse		
Other			Respiratory		
Gastrointestinal			Asthma		
Cirrhosis			Bronchitis		
Esophagitis			COPD		
Gallbladder Disease			Lung Disease/Emphysema		
Hepatitis			Pneumonia		
Hiatal Hernia			Miscellaneous		
Jaundice			Alcoholism		
Peptic Ulcer Disease			Arthritis		
Other			Cirrhosis		
Kidney/Genito-Urinary			Depression		
Bladder Infection			Glaucoma		
Endometriosis			Gout		
Kidney Disease			HIV Positive		
Kidney Stones			Menopausal		
Prostate Enlargement			Post Menopausal Disorder		
Prostatitis			Ovarian Cystic Disease		
Urinary Tract Infection			Sleep Disturbance		
Other			Shingles		
Injuries			Syphilis		
Ankle Fracture			Tuberculosis		
Arm Fracture			Varicose Veins, lower extremity		
Burns			Venereal Disease		

Patient Family History Worksheet (Blood Relatives)

NAME _____ Birthdate _____

Please mark with a check in the appropriate box if your family has had any of the following problems

FAMILY HISTORY WORKSHEET	Mother	Father	Sister	Brother	Mother's Mother (Grandmother)	Mother's Father (Grandfather)	Father's Mother (Grandmother)	Father's Father (Grandfather)	Daughter	Son
NEGATIVE										
ALCOHOL/DRUG										
ALLERGIES										
ANESTHESIA										
ARTHRITIS										
ASTHMA										
BLOOD DISEASE										
CANCER										
CONGENITAL ANOMALIES										
COPD										
DEMENTIA										
DIABETES										
EYE DISORDERS										
GENETIC										
GI										
GENITOURINARY (GU)										
HEART										
HYPERLIPIDEMIA										
HYPERTENSION										
LIPIDS										
MENTAL ILLNESS										
MIGRAINES										
NEUROLOGICAL										
PERIPHERAL VASCULAR DISEASE										
STROKE										
THYROID										
OTHER										

FAMILY HISTORY WORKSHEET	Mother's Sister (Aunt)	Mother's Brother (Uncle)	Father's Sister (Aunt)	Father's Brother (Uncle)	Grandchild	Other	Half Sister	Half Brother
NEGATIVE								
ALCOHOL/DRUG								
ALLERGIES								
ANESTHESIA								
ARTHRITIS								
ASTHMA								
BLOOD DISEASE								
CANCER								
CONGENITAL ANOMALIES								
COPD								
DEMENTIA								
DIABETES								
EYE DISORDERS								
GENETIC								
GI								
GENITOURINARY (GU)								
HEART								
HYPERLIPIDEMIA								
HYPERTENSION								
LIPIDS								
MENTAL ILLNESS								
MIGRAINES								
NEUROLOGICAL								
PERIPHERAL VASCULAR DISEASE								
STROKE								
THYROID								
OTHER								

FAMILY HISTORY WORKSHEET	Mother's Half Sister	Mother's Half Brother	Father's Half Sister	Father's Half Brother	Father of Baby
NEGATIVE					
ALCOHOL/DRUG					
ALLERGIES					
ANESTHESIA					
ARTHRITIS					
ASTHMA					
BLOOD DISEASE					
CANCER					
CONGENITAL ANOMALIES					
COPD					
DEMENTIA					
DIABETES					
EYE DISORDERS					
GENETIC					
GI					
GENITOURINARY (GU)					
HEART					
HYPERLIPIDEMIA					
HYPERTENSION					
LIPIDS					
MENTAL ILLNESS					
MIGRAINES					
NEUROLOGICAL					
PERIPHERAL VASCULAR DISEASE					
STROKE					
THYROID					
OTHER					

	Mother	Father	Sister	Brother	Mother's Mother (Grandmother)	Mother's Father (Grandfather)	Father's Mother (Grandmother)	Father's Father (Grandfather)	Daughter	Son
Alive										
Deceased										
Unknown										
	Mother's Sister (Aunt)	Mother's Brother (Uncle)	Father's Sister (Aunt)	Father's Brother (Uncle)	Grandchild	Other	Half Sister	Half Brother		
Alive										
Deceased										
Unknown										