PAST HISTORY

Current Medications _____

Allergies to Medicine _____ **Type of reaction** _____

Previous drug use _____

Transfusions _____

Surgeries (TYPE) _____ **(DATE)** _____ **(PLACE)** _____
(Include cryo-surgery on cervix) _____ _____ _____

Hospitalizations:

Reasons, date & Place _____

_____

FAMILY HISTORY

	Age	Health Problems	Age	Deceased Cause
Mother				
Father				
Brother/Sis				
Brother/Sis				
Brother/Sis				
Husband				
Son/Daughter				
Son/Daughter				
Son/Daughter				

HAS ANY RELATIVE HAD:

		YES	NO	WHO
1.)	Breast Cancer	☐	☐	_____
2.)	Other Cancer	☐	☐	_____
3.)	Tuberculosis	☐	☐	_____
4.)	Thyroid Disease	☐	☐	_____
5.)	Diabetes	☐	☐	_____
6.)	Heart Disease	☐	☐	_____
7.)	High Blood Pressure	☐	☐	_____
8.)	Stroke	☐	☐	_____
9.)	Epilepsy	☐	☐	_____
10.)	Suicide	☐	☐	_____
11.)	Mental Illness	☐	☐	_____
12.)	Kidney Disease	☐	☐	_____
13.)	Birth Defects	☐	☐	_____
14.)	Twins	☐	☐	_____
15.)	Bleeding Disorder	☐	☐	_____

SOCIAL HISTORY:

Alcohol: Type _____ Quantity _____

Cigarettes _____ pack/day _____

Caffeine _____ cups/day _____

Drugs _____

Daily Exercises ☐ Yes ☐ No

Type _____

Occupation _____

Signature _____

Date _____