Family History Print the name of each family member below. Follow the line across the page and check those boxes that indicate their present state of health, or their death, or any of the illnesses that they have ever had. If married, print the names of your spouse and children.

CONFIDENTIAL

	age	health: good	health: poor	died	cause of death	alcoholism	allergies/asthma	anemia	bleeding disorder	cancer/tumor	diabetes	epilepsy	genetic disease	glaucoma	gout	heart problems	high blood pressure	kidney/bladder	nervous breakdown	rheumatism/arthritis	stomach/duodenal ulcer	stroke
father																						
mother																						
brothers/sisters																						
spouse																						
child																						
child																						
child																						
child																						
all grandparents (check for any affected) →																						
father's relatives (write how many affected in each box) →																						
mother's relatives (write how many affected in each box) →																						

Your History (check for any of ***your*** illnesses) →

additional illnesses or problems: check the box next to any of the following that you have now or have ever had

- ☐ asthma
- ☐ blood transfusion
- ☐ bronchitis
- ☐ chicken pox
- ☐ depression
- ☐ diverticulosis
- ☐ eczema
- ☐ emphysema
- ☐ eye disease
- ☐ hemorrhoids
- ☐ hernia
- ☐ hyperactivity
- ☐ liver disease
- ☐ malaria
- ☐ measles
- ☐ mononucleosis
- ☐ mumps
- ☐ neuralgia/neuritis
- ☐ pancreatitis
- ☐ pneumonia
- ☐ polio
- ☐ rheumatic fever
- ☐ scarlet fever
- ☐ tension/anxiety
- ☐ thyroid disease
- ☐ venereal disease
- ☐ yellow jaundice
- ☐ other _____

- ☐ broken bones _____
- ☐ injuries _____

Major Illnesses/Operations please list any hospitalizations, serious illnesses or operations; do not include normal pregnancy

year	illness or operation	name of hospital, if applicable	city & state

Tests and Immunizations put a check next to those that you have had and enter the year of the latest test/shot

✓	year		✓	year		✓	year		Other x-rays/tests/shots: ✓	year	✓	year
☐		chest x-ray	☐		GI series	☐		smallpox shot	☐		☐	
☐		colon x-ray	☐		kidney x-ray	☐		tb test	☐		☐	
☐		electrocardiogram	☐		measles shot	☐		tetanus shot	☐		☐	
☐		flu shot	☐		mumps shot	☐		typhoid shot	☐		☐	
☐		gallbladder x-ray	☐		polio series	☐			☐		☐	

Comments _____

please complete the other side - add an extra sheet as needed

Review of Systems Check only if you have these symptoms **NOW**. Write the **YEAR** if you have had these

symptoms in the past. Write a "**?**" if you don't know or don't understand the description or instructions.

general

- always hungry
- fatigue
- fever
- lost interest in eating
- more thirst lately
- nail biting
- night sweating
- swelling in armpits/ groin/neck
- tend to be too hot/cold
- travel outside USA
- weight changes

head & neck

- frequent headaches
- neck pain
- neck lumps/swelling
- neck stiffness

eyes

- blurry vision
- discharge/watery eyes
- double vision
- eye pains/itching
- eye trouble
- eyesight worsening
- halos around lights
- last eye exam: _____
- light hurts eyes
- wear glasses

ears

- buzzing/ringing in ears
- drainage from ears
- earaches
- hearing loss
- motion sickness

mouth

- bleeding gums
- dental problems
- grinding teeth
- last dental exam_____
- sore jaws
- sore tongue
- swelling of gums/jaw
- taste changes

nose & throat

- congested nose
- difficulty swallowing
- enlarged tonsils
- frequent head colds
- hoarse voice
- nosebleeds
- runny nose
- sneezing spells
- sore throat

respiratory

- chest cold/bronchitis often
- cough up blood
- cough up phlegm/mucus
- coughing spells
- shortness of breath
- toxic inhalant exposure (asbestos, dusts, etc)
- tuberculosis exposure
- wheezing/gasping breath

cardiovascular

- blood clots in legs
- can't breathe lying down
- chest pains
- dizzy spells
- heart murmur
- high blood pressure
- irregular heartbeat
- leg cramps/aching
- numb/cold feet and hands
- palpitations/heart thumping
- racing heartbeat
- shortness of breath
- shortness of breath at night
- swollen feet/ankles
- varicose veins

digestive

- belching
- black stools
- bloated stomach
- constipation
- difficulty swallowing
- food allergy/intolerance
- gallbladder trouble
- grey stools
- hard stools
- heartburn
- hemorrhoids
- loose stools/diarrhea
- nausea
- pain in rectum
- rectal bleeding
- stomach pains
- ulcers
- vomiting blood

musculoskeletal

- aching joints
- aching muscles
- back pains
- back stiffness
- chiropractic/osteopathic treatment
- handicapped/disabled
- painful feet
- spinal curvature/scoliosis
- stiffness in joints
- swollen joints

urinary

- burning during urination
- difficulty holding urine
- difficulty starting urine
- kidney stones
- kidney/urinary infections
- urinate ___ times @ night
- urinate 5-6+ times/day
- urine brown/black
- urine cloudy/bloody

male genital

- discharge/burning in penis
- prostate trouble
- sexual difficulties
- swelling/lump on testicle
- wants birth control info
- weak urine stream

female genital

- # Caesarean operations
- # living children
- # normal deliveries
- # of miscarriages
- # of pregnancies
- # therapeutic abortions
- bleeding after intercourse
- bleeding between periods
- bloated/irritable before period
- current birth cntrl method: _____
- DES (diethylstilbestrol) exposure
- heavy menstrul bleeding
- hormones/birth control pills
- hot flashes
- infertility
- last pap smear - need EXACT date: _____
- lumps in breasts
- menopause - need YEAR: _____
- menstrual trouble
- nipple discharge
- pain with intercourse
- painful periods
- pelvic surgery - type/date: _____
- premenstrual tension syndrome
- sexual difficulties
- toxemia of pregnancy
- vaginal discharge/itching
- wants birth control info

skin

- bleed or bruise easily
- change in wart/mole
- changes in hair/nails
- difficulty healing cuts
- hives
- itching/burning skin
- skin cancer
- skin contact allergies
- skin problems/rashes

neurological

- change in handwriting
- convulsions/seizures
- faintness
- loss of consciousness
- loss of coordination/balance
- muscle weakness
- numbness/tingling
- slurred speech
- sudden loss of vision
- trembling/shaking

mood

- crying often
- depressed/blue often
- desired/felt counseling need
- difficulty concentrating
- difficulty expressing affection
- difficulty expressing feelings
- difficulty making decisions
- difficulty relaxing
- difficulty remembering
- hopeless outlook
- lonely often
- lose temper often
- nervous around strangers
- sexual concerns
- thinking about ending life
- troubled frightening dreams
- troubled frightening thoughts
- worry a lot

comments