

FAMILY HISTORY (continued):

| | | | | | |
|------------|----------|---------|-----|--|-----------------|
| Father: | Living | | Age | | Health: |
| | Deceased | | Age | | Cause of Death: |
| Mother: | Living | | Age | | Health: |
| | Deceased | | Age | | Cause of Death: |
| Sisters: | # | Health: | | | |
| Brothers: | # | Health: | | | |
| Sons: | # | Health: | | | |
| Daughters: | # | Health: | | | |

Personal Health History:

| | |
|---------------------------|-------------------------------|
| High Blood Pressure: | Blood Transfusion: |
| High Cholesterol: | Hepatitis: |
| Diabetes: | Prostate Problem: |
| Stroke/TIA: | Arthritis: |
| Heart Rhythm Abnormality: | Gout: |
| Heart Attack: | Thyroid Disease: |
| Heart Murmur: | Cancer: |
| Enlarged Heart: | Rheumatic Fever: |
| Seizures: | Blood Clots in Legs or Lungs: |
| Asthma/COPD/Lung Disease: | SYMPTOMS: |
| Kidney Disease: | Chest Pain: |
| Bladder Disease: | TIA'S: |
| Menstruating: | Shortness of Breath: |
| Ulcers: | Cough, Swelling or Edema: |
| Diverticulitis: | Pain in Legs During Walking: |
| Anemia: | Fainting: |
| Bleeding Problems: | Palpitations: |
| Blood Transfusion: | Anxiety: |
| Hepatitis: | Depression: |

*If space is insufficient to list all history and symptoms, please attach or bring a list with you on your next visit

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| | Deceased | | Age | | Cause of Death: |
| Mother: | Living | | Age | | Health: |
| | Deceased | | Age | | Cause of Death: |
| Sisters: | # | Health: | | | |
| Brothers: | # | Health: | | | |
| Sons: | # | Health: | | | |
| Daughters: | # | Health: | | | |

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