**Patient Name:**

**Social Security Number:**

Please circle any medical diagnosis that apply for both yourself and your family:

| | **PATIENT** | | Family (include deceased members) | | Who |
|---|---|---|---|---|---|
| *Anemia | **no** | **yes** | no | yes | _____ |
| *Arthritis | **no** | **yes** | no | yes | _____ |
| *Asthma or Emphysema | **no** | **yes** | no | yes | _____ |
| *Cancer (type or location) | **no** | **yes** | no | yes | _____ |
| *Chronic Headaches | **no** | **yes** | no | yes | _____ |
| *Diabetes | **no** | **yes** | no | yes | _____ |
| *Gastritis or Ulcers | **no** | **yes** | no | yes | _____ |
| *Heart Disease/Murmurs | **no** | **yes** | no | yes | _____ |
| *High Blood Pressure | **no** | **yes** | no | yes | _____ |
| *High Cholesterol | **no** | **yes** | no | yes | _____ |
| *Kidney Failure/Stones | **no** | **yes** | no | yes | _____ |
| *Liver Disease or Alcoholism | **no** | **yes** | no | yes | _____ |
| *Psychiatric Disorders | **no** | **yes** | no | yes | _____ |
| *Sinusitis | **no** | **yes** | no | yes | _____ |
| *Strokes or Seizures | **no** | **yes** | no | yes | _____ |
| *Thyroid Disease | **no** | **yes** | no | yes | _____ |
| *Disease Not Mentioned | _____ | | _____ | | _____ |
| | _____ | | _____ | | _____ |

Please list **any surgeries** you have had in the past with approximate date(s).

Please list **any hospitalizations** with date and hospital name if remembered.

Please list **all medications** you are currently taking (use other side of form if necessary).

Please list any **medication allergies**.

If you have ever **smoked cigarettes**, please indicate how many packs/day and for how long.

Please indicate whether you **drink alcohol.** If so, what type and how often.

# Current Medication List (continued)

| | Name of Medication | Strength or mg | How often |
|---|---|---|---|
| 1) | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ |
| 3) | _____ | _____ | _____ |
| 4) | _____ | _____ | _____ |
| 5) | _____ | _____ | _____ |
| 6) | _____ | _____ | _____ |
| 7) | _____ | _____ | _____ |
| 8) | _____ | _____ | _____ |
| 9) | _____ | _____ | _____ |
| 10) | _____ | _____ | _____ |
| 11) | _____ | _____ | _____ |
| 12) | _____ | _____ | _____ |