

HEALTH HISTORY FORM

The following is an example of a health history form you can use to record diseases and conditions that have occurred in you or your relatives. It is important to recognize how your personal health can be influenced by conditions that have affected other family members. Use the HEALTH HISTORY REFERENCE GUIDE as a tool to help document diseases and conditions on this form. Exchange the information with your family, and update the form before each annual physical exam with your physician.

Date: _____
Name: _____ Maiden Name _____
Sex: Male or Female
Age: _____ Date of Birth: _____
Marital Status: _____
Number and Ages of Children: _____
Number and Ages of Siblings: _____

Known Drug Allergies (also describe reaction)

Current Prescription Medications, Over-the-Counter Medications, Vitamins and Herbal Supplements: (include name, dose, and number of times taken daily)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Current Medical Problems:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Past Medical Problems: (include year of disease, condition or infection)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Past Surgeries or Procedures: (include year)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Have you ever received a blood transfusion? (list year and purpose)

Have you ever been hospitalized for something other than surgery?

FAMILY MEDICAL HISTORY

Mother: _____

Father: _____

Siblings: _____

Grandparents: _____

Maternal relatives: _____

Paternal relatives: _____

SOCIAL HISTORY

Occupation: _____

Tobacco Use: _____

Alcohol Use: _____

Illicit Drug use: _____

Exercise Habits: _____

Nutritional Habits (poor, good, fair, excellent)

WEIGHT HISTORY

weight at age 18: _____ Maximum Weight: _____ Baseline Weight: _____

Weight loss programs (type of program, year, maximum weight loss):

Health Goals: _____

Information contained in this Health History Form is personal and confidential. It is not to be copied, shared, or discussed without my explicit consent.

Signed: _____ Date _____

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