

Patient & Family Medical History

Name: _____

Date of Birth: _____

Allergies to food/environmental triggers: (none) _____

Allergies/Reactions to Medications: (none) _____

Current Medications: (none) _____

Ever hospitalized overnight? no yes: _____

Ever had surgery? no yes: _____

Ever had a serious injury? no yes: _____

Have you (the patient) ever had any of the following health problems? If yes, when did the problem start?

	Yes	No	Age:		Yes	No	Age:
ADHD/learning disability				Headaches/migraines			
Allergies/hayfever				Low iron in blood (anemia)			
Asthma				Pneumonia			
Bladder or kidney infections				Rheumatic fever or heart disease			
Blood disorders/sickle cell anemia				Scoliosis (curved spine)			
Cancer				Seizures/epilepsy			
Chicken pox				Severe acne			
Depression				Stomach problems			
Diabetes				Substance Abuse			
Eating disorder/Obesity				Tuberculosis (TB)/lung disease			
Emotional disorder				Mononucleosis (mono)			
Hepatitis (liver disease)				Lyme Disease			
Passing out or almost passing out				Sports injuries			
Shortness of breath with exercise				Heat stroke			
Fatigue with exercise				Concussions			
High blood pressure				Heart murmur			

Have any of your (the patient's) *blood* relatives (parents, grandparents, aunts, uncles, brothers or sisters), living or deceased, had any of the following problems? Please give the age of the person when the problem occurred and his or her relationship to you (the patient).

	Yes	No	Unsure	Relationship to Patient
Allergies/asthma/eczema				
Cancer				
Depression, Anxiety, psychiatric illness				
Diabetes, Thyroid disease, Fertility problems, menstrual disorders, other endocrine problems				
Drug addiction/Alcoholism/Smoking				
Eating Disorders/Obesity				
Heart disease, hypertension, high cholesterol, or heart attacks				
Heart problems such as cardiomyopathy, arrhythmias, long-QT syndrome or Marfan syndrome				
Kidney or liver disease				
Learning disability, ADD, developmental delay				
Migraine headaches				
Osteoporosis				
Other (please specify)				