Patient Health History

PATIENT NAME	
BLOOD TYPE	BIRTH DATE
ALLERGIES	
CHRONIC DISEASES	
PRIMARY PHYSICIAN	PHONE/E-MAIL

DOCTOR VISITS

DATE	PURPOSE OF VISIT	BLOOD PRESSURE	CHOLESTEROL	HEIGHT	WEIGHT
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NOTES

Family Health History

CONDITION	FAMILY MEMBER	RELATIONSHIP	FAMILY	AGE/CAUSE OF DEATH
		❑ Grandparent ❑ Parent ❑ Aunt/Uncle ❑ Sibling	❑ Mother's ❑ Father's	
		❑ Grandparent ❑ Parent ❑ Aunt/Uncle ❑ Sibling	❑ Mother's ❑ Father's	
		❑ Grandparent ❑ Parent ❑ Aunt/Uncle ❑ Sibling	❑ Mother's ❑ Father's	
		❑ Grandparent ❑ Parent ❑ Aunt/Uncle ❑ Sibling	❑ Mother's ❑ Father's	
		❑ Grandparent ❑ Parent ❑ Aunt/Uncle ❑ Sibling	❑ Mother's ❑ Father's	
		❑ Grandparent ❑ Parent ❑ Aunt/Uncle ❑ Sibling	❑ Mother's ❑ Father's	
		❑ Grandparent ❑ Parent ❑ Aunt/Uncle ❑ Sibling	❑ Mother's ❑ Father's	
		❑ Grandparent ❑ Parent ❑ Aunt/Uncle ❑ Sibling	❑ Mother's ❑ Father's	
		❑ Grandparent ❑ Parent ❑ Aunt/Uncle ❑ Sibling	❑ Mother's ❑ Father's	
		❑ Grandparent ❑ Parent ❑ Aunt/Uncle ❑ Sibling	❑ Mother's ❑ Father's	
		❑ Grandparent ❑ Parent ❑ Aunt/Uncle ❑ Sibling	❑ Mother's ❑ Father's	
		❑ Grandparent ❑ Parent ❑ Aunt/Uncle ❑ Sibling	❑ Mother's ❑ Father's	
		❑ Grandparent ❑ Parent ❑ Aunt/Uncle ❑ Sibling	❑ Mother's ❑ Father's	
		❑ Grandparent ❑ Parent ❑ Aunt/Uncle ❑ Sibling	❑ Mother's ❑ Father's	
		❑ Grandparent ❑ Parent ❑ Aunt/Uncle ❑ Sibling	❑ Mother's ❑ Father's	
		❑ Grandparent ❑ Parent ❑ Aunt/Uncle ❑ Sibling	❑ Mother's ❑ Father's	
		❑ Grandparent ❑ Parent ❑ Aunt/Uncle ❑ Sibling	❑ Mother's ❑ Father's	

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