



Family History: Please circle family members and check Yes (Y) or No (N)

M=Mother F=Father B=Brother S=Sister A=Aunt U=Uncle PGM=Parental Grandmother
 PGF=Parental Grandfather MGM=Maternal Grandmother MGF=Maternal Grandfather

Condition	Y	N	Family Member	Condition	Y	N	Family Member
DEPRESSION			M F B S A U PGM PGF MGM MGF	BI-POLAR DISORDER			M F B S A U PGM PGF MGM MGF
STROKE			M F B S A U PGM PGF MGM MGF	ALZHEIMERS			M F B S A U PGM PGF MGM MGF
PARKINSON'S DISEASE			M F B S A U PGM PGF MGM MGF	HEART DISEASE			M F B S A U PGM PGF MGM MGF
HYPERTENSION			M F B S A U PGM PGF MGM MGF	HEART ATTACK			M F B S A U PGM PGF MGM MGF
THYROID DISORDERS			M F B S A U PGM PGF MGM MGF	ASTHMA			M F B S A U PGM PGF MGM MGF
DIABETES			M F B S A U PGM PGF MGM MGF	DIVERTICULITIS			M F B S A U PGM PGF MGM MGF
CROHN'S DISEASE			M F B S A U PGM PGF MGM MGF	OTHER COLON DISORDERS			M F B S A U PGM PGF MGM MGF
KIDNEY DISORDER			M F B S A U PGM PGF MGM MGF	OSTEOPOROSIS			M F B S A U PGM PGF MGM MGF
BREAST CANCER			M F B S A U PGM PGF MGM MGF	LUNG CANCER			M F B S A U PGM PGF MGM MGF
COLON CANCER			M F B S A U PGM PGF MGM MGF	LIVER CANCER			M F B S A U PGM PGF MGM MGF
PROSTATE CANCER			M F B S A U PGM PGF MGM MGF	OTHER CANCER LIST: _____			M F B S A U PGM PGF MGM MGF

Are you up to date on your vaccinations?

Immunization	Month/Year or Best Guess	Immunization	Month/Year or Best Guess
TETANUS		SHINGLES	
PNEUMONIA		DIPHThERIA	
FLU		PERTUSSIS (whooping cough)	

Signed: _____ Date: _____