

Medical History

| Please check the health problems that apply to each family member | Self | Grandparent | Father | Mother | Siblings | Child |
|---|------|-------------|--------|--------|----------|-------|
| Alcoholism | | | | | | |
| Allergies/Hay fever | | | | | | |
| Anemia | | | | | | |
| Arthritis/Rheumatism | | | | | | |
| Asthma | | | | | | |
| Birth Defects | | | | | | |
| Bleeding Disorders | | | | | | |
| Cancer or Tumor | | | | | | |
| Colitis or Crohn's | | | | | | |
| Congenital Heart Disease | | | | | | |
| Depression | | | | | | |
| Diabetes | | | | | | |
| Emphysema, COPD | | | | | | |
| Epilepsy, Seizures | | | | | | |
| Frequent Infections | | | | | | |
| Genetic Disease | | | | | | |
| Glaucoma, Cataracts, Macular Degeneration | | | | | | |
| Gonorrhea/Chlamydia | | | | | | |
| Gout | | | | | | |
| Herpes | | | | | | |
| Heart Disease/Heart Attacks | | | | | | |
| High Blood Pressure | | | | | | |
| HIV, AIDS | | | | | | |
| Infertility | | | | | | |
| Kidney Disease | | | | | | |
| Liver Disease, Hepatitis | | | | | | |
| Mental Illness | | | | | | |
| Migraine Headaches | | | | | | |
| Nervous Breakdown | | | | | | |
| Obesity | | | | | | |
| Osteoporosis | | | | | | |
| Peptic Ulcer Disease | | | | | | |
| PID | | | | | | |
| Prostate Problems | | | | | | |
| Psoriasis, Eczema | | | | | | |
| Rheumatic Fever | | | | | | |
| Stroke | | | | | | |
| Suicide (or attempted) | | | | | | |
| Thyroid Disease | | | | | | |
| Tuberculosis | | | | | | |
| Other | | | | | | |

| Please circle symptoms of the multiple listed: | |
|--|--|
| Loss of Memory | |
| General Weakness, Loss of Energy, Fatigue | |
| Dizzy Spells, Fainting Spells or Blackouts | |

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|---|--|
| Please circle symptoms of the multiple listed: | |
| Frequent Headaches | |
| Vision Disturbances | |
| Hearing Loss, Ringing in Ears | |
| Ear pain or drainage | |
| Nosebleeds | |
| Sinus pains, Nasal Stuffiness | |
| Frequent Sore Throat, Tonsillitis | |
| Hoarseness | |
| Swollen Glands | |
| Shortness of Breath | |
| Frequent Coughs, Wheezing | |
| Palpitations, Chest Pains, Rapid Heartbeat | |
| Anxious Feeling in Chest or Stomach | |
| Poor Appetite | |
| Indigestion | |
| Abdominal Pain, Discomfort, Bloating, Nausea | |
| Constipation, Use of Laxatives | |
| Diarrhea, Bloody Stools | |
| Rectal Pain, Itching, Irritation | |
| Hemorrhoids, Anal Fissures | |
| Difficult Urinating | |
| Urinary Incontinence | |
| Burning with urination | |
| Frequent urination | |
| Breast pain or discharge | |
| Breast lumps | |
| Pain with intercourse, decreased libido | |
| Hot flashes, night sweats | |
| Irregular or painful periods | |
| Premenstrual tension/mood swings | |
| Vaginal Itch or odor | |
| Vaginal dryness | |
| Swollen or painful legs | |
| Back Pain, Sciatica | |
| Joint Pain, Joint Swelling | |
| Skin discoloration, rashes, sores, moles | |
| Severe perspiration, night sweats | |
| Nightmares, Recurrent Dreams | |
| Fears or Phobias | |
| Anxiety or Nervousness | |
| Angry, Irritable, Impatient, Critical | |
| Sadness, Grief, Depression | |
| Other | |

Please expand on any checked boxes from above medical history:
