PERSONAL PAST HISTORY OF ILLNESSES

MAJOR ILLNESSES	YES (DATE)	NO	MAJOR ILLNESSES	YES (DATE)	NO	MAJOR ILLNESSES	YES (DATE)	NO
ASTHMA			CHICKENPOX			THYROID DISEASE		
PNEUMONIA/LUNG DISEASE			CANCER			GALLBLADDER DISEASE		
KIDNEY INFECTIONS/STONES			REFLUX/HIATAL HERNIA/ULCERS			HEADACHES		
TUBERCULOSIS			DEPRESSION/ANXIETY			OTHER		
SEXUALLY TRANSMITTED DISEASE			ANEMIA					
HIV/AIDS			BLOOD TRANSFUSIONS					
HEART ATTACK/PROBLEMS			SEIZURES/CONVULSIONS/EPILEPSY			LAST MAMMOGRAM:		
DIABETES			BOWEL PROBLEMS			LAST COLORECTAL SCREEN:		
HIGH BLOOD PRESSURE			GLAUCOMA					
STROKE			CATARACTS					
RHEUMATIC FEVER			ARTHRITIS/JOINT PAIN/BACK PROBLEMS					
BLOOD CLOTS IN LUNGS OR LEGS			BROKEN BONES					
EATING DISORDERS			HEPATITIS					
COLLAGEN VASCULAR DISEASE (LUPUS)			YELLOW JAUNDICE/LIVER DISEASE					

FAMILY HISTORY

MOTHER: ☐ LIVING ☐ DECEASED-CAUSE: AGE:	FATHER: ☐ LIVING ☐ DECEASED-CAUSE: AGE:
SIBLINGS NUMBER LIVING: NUMBER DECEASED CAUSE(S)/AGE(S):	
CHILDREN NUMBER LIVING: NUMBER DECEASED CAUSE(S)/AGE(S):	

ILLNESS	YES	WHICH RELATIVE(S) AND AGE OF ONSET	ILLNESS	YES	WHICH RELATIVE(S) AND AGE OF ONSET
DIABETES	☐		TUBERCULOSIS	☐	
STROKE	☐		BIRTH DEFECTS	☐	
HEART DISEASE	☐		DRINKING OR DRUG PROBLEMS	☐	
BLOOD CLOTS IN LUNGS OR LEGS	☐		BREAST CANCER	☐	
HIGH BLOOD PRESSURE	☐		COLON CANCER	☐	
HIGH CHOLESTEROL	☐		OVARIAN CANCER	☐	
OSTEOPOROSIS (WEAK BONES)	☐		UTERINE CANCER	☐	
HEPATITIS	☐		MENTAL ILLNESS/DEPRESSION	☐	
HIV/AIDS	☐		ALZHEIMER'S DISEASE	☐	
THYROID DISEASE	☐		OTHER	☐	

FORM COMPLETED BY ☐ **PATIENT** ☐ **OFFICE NURSE** ☐ **PHYSICIAN** ☐ **OTHER:**

SIGNATURE OF PATIENT

DATE REVIEWED BY PROVIDER WITH PATIENT: / / | **PROVIDER'S SIGNATURE**

ANNUAL REVIEW OF HISTORY

DATE REVIEWED / /	**PROVIDER'S SIGNATURE:**	**DATE REVIEWED / /**	**PROVIDER'S SIGNATURE:**
DATE REVIEWED / /	**PROVIDER'S SIGNATURE:**	**DATE REVIEWED / /**	**PROVIDER'S SIGNATURE:**
DATE REVIEWED / /	**PROVIDER'S SIGNATURE:**	**DATE REVIEWED / /**	**PROVIDER'S SIGNATURE:**
DATE REVIEWED / /	**PROVIDER'S SIGNATURE:**	**DATE REVIEWED / /**	**PROVIDER'S SIGNATURE:**