Family Member Name:	
---------------------	--

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- Free Family Medical Health History Form -

Complete all the fields as best you can. The form does not have to be complete but every piece of information helps. Include at least 3 generations of family members, if possible, to provide your doctors the most complete picture of your family's medical history.

#### Your Personal Medical History

Your Full Name (First, Middle, Last)		
Maiden or Former Name(s)		
Date of District	Discourt D'all	0
Date of Birth	Place of Birth	Gender
Ethnic Background	Current Health Status	Today's Date
Ethnic background	Current riealtir Status	Today's Date

Condition	Age at Onset	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			

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Cancer, Skin (except melanoma)		
Cancer, Ovarian		
Cancer (other)		
Depression		
Diabetes, Type 1 (childhood onset)		
Diabetes, Type 2 (adult onset)		
Epilepsy (seizures)		
Eye Conditions		
Glaucoma		
Hearing Problems		
Heart Disease (Coronary Artery or Heart Attack)		
High Cholesterol (Hyperlipidemia)		
High Blood Pressure (Hypertension)		
Kidney Diseases		
Lupus		
Mental Retardation		
Migraine Headaches		
Miscarriage		
Osteoarthritis		
Osteoporosis		
Rheumatoid Arthritis		
Stroke		
Thyroid Disorders		
Tuberculosis		
Ulcer		
Other:		

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			Family Member Name:	
			·	
Other Factors	6			
Cond	<u>ition</u>	Age at Onset	<u>Treatment</u>	Result
Alcoholism				
Drug Use				
Obesity				
Smoking				
List any othe	r major disea	ases, surgeries, cor	nditions, or illnesses not covered abo	ve:
		ases, surgeries, cor	nditions, or illnesses not covered abo	ve:
List any Hosp	oitalizations	ases, surgeries, cor	nditions, or illnesses not covered abo	ve:
List any Hosp	oitalizations			
List any Hosp Hospital Has this pers	Ditalizations City  On had any o	Reason	Date  mental retardation, miscarriages, psy	Result
List any Hosp Hospital Has this pers	Ditalizations City  On had any o	Reason	Date	Result
List any Hosp Hospital Has this pers	Ditalizations City  On had any o	Reason	Date  mental retardation, miscarriages, psy	Result

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Your Spouse				
Full Name (First, Middle, Last)				
Maiden or Former Name(s)				
Date of Birth		Place of Birth	Gender	
Ethnic Background		Current Health Status	Today's [	Date
Condition	Age at	Treatment		Result

Condition	Age at Onset	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			
Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			
Depression			

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Diabetes, Type 1 (childhood onset)		
Diabetes, Type 2 (adult onset)		
Epilepsy (seizures)		
Eye Conditions		
Glaucoma		
Hearing Problems		
Heart Disease (Coronary Artery or Heart Attack)		
High Cholesterol (Hyperlipidemia)		
High Blood Pressure (Hypertension)		
Kidney Diseases		
Lupus		
Mental Retardation		
Migraine Headaches		
Miscarriage		
Osteoarthritis		
Osteoporosis		
Rheumatoid Arthritis		
Stroke		
Thyroid Disorders		
Tuberculosis		
Ulcer		
Other:		

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			Family Member N	Name:	
Other Factor	_				
Other Factor	·S	Age of			
Conc	<u>dition</u>	Age at Onset	<u>Treatment</u>		Result
Alcoholism					
Drug Use					
Obesity					
Smoking					
List any Hos	pitalizations				
Hospital	City	Reason		Date	Result
Has this pers	son had any	other birth defects,	mental retardation, miscarriage detail the problems:	ges, psychol	ogical illness, or other
inedical com	cerns not yet	mentioned? Fleas	e detail the problems.		

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	Family Mem	iber Name:	
<b>Your Parents</b>			
Your Father			
Full Name (First, Middle, Last)			
Maiden or Former Name(s)			
Date of Birth	Place of Birth	Gender	
Ethnic Background	Current Health Status	Today's Date	

<u>Condition</u>	Age at Onset	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			
Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			

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Depression		
Diabetes, Type 1 (childhood onset)		
Diabetes, Type 2 (adult onset)		
Epilepsy (seizures)		
Eye Conditions		
Glaucoma		
Hearing Problems		
Heart Disease (Coronary Artery or Heart Attack)		
High Cholesterol (Hyperlipidemia)		
High Blood Pressure (Hypertension)		
Kidney Diseases		
Lupus		
Mental Retardation		
Migraine Headaches		
Miscarriage		
Osteoarthritis		
Osteoporosis		
Rheumatoid Arthritis		
Stroke		
Thyroid Disorders		
Tuberculosis		
Ulcer		
Other:		

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			Family Member	Name:	
Other Factor	s				
Cond	lition	Age at Onset	<u>Treatment</u>		Result
Alcoholism					
Drug Use					
Obesity					
Smoking					
List any Hos	<u>pitalizations</u>				
	pitalizations City	Reason		Date	Result
		Reason		Date	Result
List any Hos Hospital		Reason		Date	Result
Hospital  Has this pers	City	other birth defects,	mental retardation, miscarri e detail the problems:		
Hospital  Has this pers	City	other birth defects,	mental retardation, miscarri e detail the problems:		

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Your Mother			
Full Name (First, Middle, Last)			
Maiden or Former Name(s)			
Date of Birth	Place of Birth	Gender	
Ethnic Background	Current Health Status	Todav's Date	

Condition	Age at Onset	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			
Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			
Depression			

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Diabetes, Type 1 (childhood onset)		
Diabetes, Type 2 (adult onset)		
Epilepsy (seizures)		
Eye Conditions		
Glaucoma		
Hearing Problems		
Heart Disease (Coronary Artery or Heart Attack)		
High Cholesterol (Hyperlipidemia)		
High Blood Pressure (Hypertension)		
Kidney Diseases		
Lupus		
Mental Retardation		
Migraine Headaches		
Miscarriage		
Osteoarthritis		
Osteoporosis		
Rheumatoid Arthritis		
Stroke		
Thyroid Disorders		
Tuberculosis		
Ulcer		
Other:		

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<u>Condi</u>	<u>tion</u>	Age at Onset	<u>Treatment</u>	Result	
Icoholism					
Orug Use					
besity					
Smoking					
_ist any Hosp	<u>italizations</u>				
	italizations City	Reason	n Date	e Result	
L <b>ist any Hosp</b> Hospital		Reason	n Date	e Result	
		Reaso	n Date	e Result	
		Reason	n Date	e Result	

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Your Grandparents			
Your Grandfather			
Full Name (First, Middle, Last)			
Maiden or Former Name(s)			
Date of Birth	Place of Birth	Gender	
Ethnic Background	Current Health Status	Today's Date	

Condition	Age at Onset	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			
Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			

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Depression		
Diabetes, Type 1 (childhood onset)		
Diabetes, Type 2 (adult onset)		
Epilepsy (seizures)		
Eye Conditions		
Glaucoma		
Hearing Problems		
Heart Disease (Coronary Artery or Heart Attack)		
High Cholesterol (Hyperlipidemia)		
High Blood Pressure (Hypertension)		
Kidney Diseases		
Lupus		
Mental Retardation		
Migraine Headaches		
Miscarriage		
Osteoarthritis		
Osteoporosis		
Rheumatoid Arthritis		
Stroke		
Thyroid Disorders		
Tuberculosis		
Ulcer		
Other:		

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Icoholism rug Use			
Orug Use			
Obesity			
Smoking			
ist any Hospitalizatio	ons		
Hospital City	Reason	Date	e Result

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Your Grandmother			
Full Name (First, Middle, Last)			
Maiden or Former Name(s)			
Date of Birth	Place of Birth	Gender	
Ethnic Background	Current Health Status	Today's Date	

Condition	Age at Onset	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			
Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			
Depression			

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Diabetes, Type 1 (childhood onset)		
Diabetes, Type 2 (adult onset)		
Epilepsy (seizures)		
Eye Conditions		
Glaucoma		
Hearing Problems		
Heart Disease (Coronary Artery or Heart Attack)		
High Cholesterol (Hyperlipidemia)		
High Blood Pressure (Hypertension)		
Kidney Diseases		
Lupus		
Mental Retardation		
Migraine Headaches		
Miscarriage		
Osteoarthritis		
Osteoporosis		
Rheumatoid Arthritis		
Stroke		
Thyroid Disorders		
Tuberculosis		
Ulcer		
Other:		

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Icoholism rug Use			
Orug Use			
Obesity			
Smoking			
ist any Hospitalizatio	ons		
Hospital City	Reason	Date	e Result

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<b>Spouse's Parents</b>			
Spouse's Father			
Full Name (First, Middle, Last)			
Maiden or Former Name(s)			
maiden of Former Maine(3)			
Date of Birth	Place of Birth	Gender	
Ethnia Background	Current Health Status	Todovio Doto	
Ethnic Background	Current Health Status	Today's Date	

Condition	Age at Onset	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			
Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			

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Depression		
Diabetes, Type 1 (childhood onset)		
Diabetes, Type 2 (adult onset)		
Epilepsy (seizures)		
Eye Conditions		
Glaucoma		
Hearing Problems		
Heart Disease (Coronary Artery or Heart Attack)		
High Cholesterol (Hyperlipidemia)		
High Blood Pressure (Hypertension)		
Kidney Diseases		
Lupus		
Mental Retardation		
Migraine Headaches		
Miscarriage		
Osteoarthritis		
Osteoporosis		
Rheumatoid Arthritis		
Stroke		
Thyroid Disorders		
Tuberculosis		
Ulcer		
Other:		

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Icoholism rug Use			
Orug Use			
Obesity			
Smoking			
ist any Hospitalizatio	ons		
Hospital City	Reason	Date	e Result

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	Family Mem	ber Name:	
Spouse's Mother	,		
Full Name (First, Middle, Last)			
Maiden or Former Name(s)			
Date of Birth	Place of Birth	Gender	
Ethnic Background	Current Health Status	Today's Date	

Condition	Age at Onset	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			
Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			
Depression			

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Diabetes, Type 1 (childhood onset)		
Diabetes, Type 2 (adult onset)		
Epilepsy (seizures)		
Eye Conditions		
Glaucoma		
Hearing Problems		
Heart Disease (Coronary Artery or Heart Attack)		
High Cholesterol (Hyperlipidemia)		
High Blood Pressure (Hypertension)		
Kidney Diseases		
Lupus		
Mental Retardation		
Migraine Headaches		
Miscarriage		
Osteoarthritis		
Osteoporosis		
Rheumatoid Arthritis		
Stroke		
Thyroid Disorders		
Tuberculosis		
Ulcer		
Other:		

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Icoholism rug Use			
Orug Use			
Obesity			
Smoking			
ist any Hospitalizatio	ons		
Hospital City	Reason	Date	e Result

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		Family Mem	ber Name:	
Spouse's Grandpar	<u>rents</u>			
Spouse's Grandfath	<u>ier</u>			
Full Name (First, Middle, Last)				
Maiden or Former Name(s)				
Maidell of Former Name(s)				
Date of Birth		Place of Birth	Gender	
Ethnic Background		Current Health Status	Today's	Date
Condition	Age at Onset	Treatment		<u>Result</u>
Alzheimer's Disease				
Allergic Rhinitis (Hay fever)				
Anemia				
Anesthesia Problem				
Arthritis				
Asthma				
Birth Defects				
Bleeding Problem				
Cancer, Breast				
Cancer, Colon				
Cancer, Lung				
Cancer, Melanoma				
Cancer, Prostate				
Cancer, Skin (except melanoma)				

Cancer, Ovarian

Cancer (other)

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Depression		
Diabetes, Type 1 (childhood onset)		
Diabetes, Type 2 (adult onset)		
Epilepsy (seizures)		
Eye Conditions		
Glaucoma		
Hearing Problems		
Heart Disease (Coronary Artery or Heart Attack)		
High Cholesterol (Hyperlipidemia)		
High Blood Pressure (Hypertension)		
Kidney Diseases		
Lupus		
Mental Retardation		
Migraine Headaches		
Miscarriage		
Osteoarthritis		
Osteoporosis		
Rheumatoid Arthritis		
Stroke		
Thyroid Disorders		
Tuberculosis		
Ulcer		
Other:		

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Icoholism rug Use			
Orug Use			
Obesity			
Smoking			
ist any Hospitalizatio	ons		
Hospital City	Reason	Date	e Result

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Spouse's Grandmoth	<u>er</u>		
Full Name (First, Middle, Last)			
Maiden or Former Name(s)			
Date of Birth	Place of Birth	Gender	
Ethnic Background	Current Health Status	Todav's Date	

Condition	Age at Onset	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			
Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			
Depression			

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Diabetes, Type 1 (childhood onset)		
Diabetes, Type 2 (adult onset)		
Epilepsy (seizures)		
Eye Conditions		
Glaucoma		
Hearing Problems		
Heart Disease (Coronary Artery or Heart Attack)		
High Cholesterol (Hyperlipidemia)		
High Blood Pressure (Hypertension)		
Kidney Diseases		
Lupus		
Mental Retardation		
Migraine Headaches		
Miscarriage		
Osteoarthritis		
Osteoporosis		
Rheumatoid Arthritis		
Stroke		
Thyroid Disorders		
Tuberculosis		
Ulcer		
Other:		

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ist any Other major diseases, surgeries, conditions, or illnesses not covered above:  ist any Hospitalizations Iospital City Reason Date Result	<u>Condition</u>	Age at Onset	<u>Treatment</u>	Result
Dibesity Smoking  List any other major diseases, surgeries, conditions, or illnesses not covered above:  List any Hospitalizations Hospital City Reason Date Result	Alcoholism			
Eist any other major diseases, surgeries, conditions, or illnesses not covered above:  List any Hospitalizations  Hospital City Reason Date Result	Drug Use			
List any other major diseases, surgeries, conditions, or illnesses not covered above:  List any Hospitalizations  Hospital City Reason Date Result	Obesity			
	Smoking			
	ist any Hospitalization	<u>1S</u>		
	Hospital City	Reason	Date	Result
	. respitai			
	. icopinal			
Has this person had any other birth defects, mental retardation, miscarriages, psychological illness, or medical concerns not yet mentioned? Please detail the problems:				

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Brother Or Sister 1				
Full Name (First, Middle, Last)				
Maiden or Former Name(s)		Full/Half/Step Sibling		
Date of Birth	F	Place of Birth	Gender	
Ethnic Background	C	Current Health Status	Today's I	Date
Condition	Age at Onset	Treatment		Result
Alzheimer's Disease				
Allergic Rhinitis (Hay fever)				
Anemia				
Anesthesia Problem				
Arthritis				
Asthma				
Birth Defects				
Bleeding Problem				
Cancer, Breast				
Cancer, Colon				
Cancer, Lung				
Cancer, Melanoma				
Cancer, Prostate				
Cancer, Skin (except melanoma)				
Cancer, Ovarian				
Cancer (other)				

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Depression

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Diabetes, Type 1 (childhood onset)		
Diabetes, Type 2 (adult onset)		
Epilepsy (seizures)		
Eye Conditions		
Glaucoma		
Hearing Problems		
Heart Disease (Coronary Artery or Heart Attack)		
High Cholesterol (Hyperlipidemia)		
High Blood Pressure (Hypertension)		
Kidney Diseases		
Lupus		
Mental Retardation		
Migraine Headaches		
Miscarriage		
Osteoarthritis		
Osteoporosis		
Rheumatoid Arthritis		
Stroke		
Thyroid Disorders		
Tuberculosis		
Ulcer		
Other:		

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			Family Member	name:	
Other Factor	rs				
Conc	dition	Age at Onset	<u>Treatment</u>		<u>Result</u>
Alcoholism					
Drug Use					
Obesity					
Smoking					
List any Hos	pitalizations				
	pitalizations City	Reason		Date	Result
		Reason		Date	Result
List any Hos Hospital		Reason		Date	Result
Hospital  Has this pers	City	other birth defects,	mental retardation, miscarri e detail the problems:		
Hospital  Has this pers	City	other birth defects,	mental retardation, miscarri e detail the problems:		

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<b>Brother Or Sister 2</b>				
Full Name (First, Middle, Last)				
Maiden or Former Name(s)			Full/Half	/Step Sibling
Date of Birth		Place of Birth	Gender	
Ethnic Background		Current Health Status	Today's	Date
Condition	Age at Onset	Treatment		Result
Alzheimer's Disease				
Allergic Rhinitis (Hay fever)				
Anemia				
Anesthesia Problem				
Arthritis				
Asthma				
Birth Defects				
Bleeding Problem				
Cancer, Breast				
Cancer, Colon				
Cancer, Lung				
Cancer, Melanoma				
Cancer, Prostate				
Cancer, Skin (except melanoma)				
Cancer, Ovarian				

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Cancer (other)

Depression

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Diabetes, Type 1 (childhood onset)		
Diabetes, Type 2 (adult onset)		
Epilepsy (seizures)		
Eye Conditions		
Glaucoma		
Hearing Problems		
Heart Disease (Coronary Artery or Heart Attack)		
High Cholesterol (Hyperlipidemia)		
High Blood Pressure (Hypertension)		
Kidney Diseases		
Lupus		
Mental Retardation		
Migraine Headaches		
Miscarriage		
Osteoarthritis		
Osteoporosis		
Rheumatoid Arthritis		
Stroke		
Thyroid Disorders		
Tuberculosis		
Ulcer		
Other:		

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			Family Member	name:	
Other Factor	rs				
Conc	dition	Age at Onset	<u>Treatment</u>		<u>Result</u>
Alcoholism					
Drug Use					
Obesity					
Smoking					
List any Hos	pitalizations				
	pitalizations City	Reason		Date	Result
		Reason		Date	Result
List any Hos Hospital		Reason		Date	Result
Hospital  Has this pers	City	other birth defects,	mental retardation, miscarri e detail the problems:		
Hospital  Has this pers	City	other birth defects,	mental retardation, miscarri e detail the problems:		

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