

Personal Health History



Caring 4 Us

Name

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Birth Date

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Surgeries

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Notes:

Allergies and Medications

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Notes:

Medical Conditions
(circle what applies to you)

- Asthma
 - Diabetes
 - Gout
 - High Blood Pressure
 - Arthritis
 - Migraine
 - Headache
 - COPD or Emphysema
 - Heart Failure
 - Heart Attack
 - Stroke (or Mini Stroke)
 - Cancer (type:.....)
 - Kidney Disease
 - Alcohol Abuse
 - Heartburn/Indigestion
 - Thyroid Disease
 - High Cholesterol
 - Fibroids
 - Anemia
 - Hepatitis
 - Seizures
 - Depression and/or Anxiety
 - History of Drug use or abuse
- Notes:

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