



Family Health History

Your Family Health History

Please take a moment to record all of your family's important medical information. In a life or death situation this information can be shared with a medical team or hospital to ensure proper care is provided. Use a pencil so changes can be made as they occur.

His Health History

Full Name: _____
 Date of Birth: _____
 Place of Birth: _____
 Height: _____
 Weight: _____
 Blood Type: _____

Immunizations and Tests – most recent date

Flu – Date: _____	Smallpox – Date: _____
Chest X-Ray – Date: _____	G.I. Series X-Ray - Date: _____
Measles – Date: _____	Tetanus – Date: _____
Colon X-Ray – Date: _____	Kidney X-Ray – Date: _____
Mumps – Date: _____	Typhoid – Date: _____
Electrocardiogram – Date: _____	Sigmoidoscopy – Date: _____
Polio – Date: _____	TB Test – Date: _____
Gallbladder X-Ray – Date: _____	Other – Date: _____

Allergies and adverse drug reactions, reason admitted to hospital, serious illnesses, major operations and chronic health conditions*

 _____ Year: _____
 _____ Year: _____
 _____ Year: _____
 _____ Year: _____
 _____ Year: _____
 _____ Year: _____
 _____ Year: _____
 _____ Year: _____
 _____ Year: _____
 _____ Year: _____
 _____ Year: _____
 _____ Year: _____
 _____ Year: _____
 _____ Year: _____

**Illnesses and medical conditions: Alcoholism; anemia; bronchitis; cancer or tumor; cataracts or glaucoma; depression; diabetes; diverticulitis; diseases of the bones, brain, digestive tract, heart, joints, kidney, lungs or nervous system; disorders of the back, bladder, blood, gallbladder, immune system, liver, pancreas, skin, stomach or thyroid; emphysema; epilepsy; heart attack or stroke; high blood pressure; mental illness or nervous breakdown; mononucleosis; obesity; pneumonia; rheumatism, arthritis or gout; tuberculosis; ulcers.*



Family Health History



My Family

Father

Full Name: _____

Disease or Conditions:	Age at Diagnosis:	Action:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Paternal - Grandfather

Full Name: _____

Disease or Conditions:	Age at Diagnosis:	Action:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Paternal - Grandmother

Full Name: _____

Disease or Conditions:	Age at Diagnosis:	Action:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mother

Full Name: _____

Disease or Conditions:	Age at Diagnosis:	Action:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Maternal - Grandfather

Full Name: _____

Disease or Conditions:	Age at Diagnosis:	Action:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Maternal - Grandmother

Full Name: _____

Disease or Conditions:	Age at Diagnosis:	Action:
_____	_____	_____
_____	_____	_____
_____	_____	_____





Family Health History

Sibling - Brother/Sister

Full Name: _____

Disease or Conditions:	Age at Diagnosis:	Action:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sibling - Brother/Sister

Full Name: _____

Disease or Conditions:	Age at Diagnosis:	Action:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sibling - Brother/Sister

Full Name: _____

Disease or Conditions:	Age at Diagnosis:	Action:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sibling - Brother/Sister

Full Name: _____

Disease or Conditions:	Age at Diagnosis:	Action:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sibling - Brother/Sister

Full Name: _____

Disease or Conditions:	Age at Diagnosis:	Action:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Important Additional Information

Marc & Ed



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