

HEALTH RECORD

Record Of: _____

Date: _____

Birth Date: _____

Birth Weight: _____

Birth Height: _____

| FAMILY HEALTH HISTORY: Check the boxes for known illnesses and/or cause of death | Alcohol/Drug Dependency | Allergies | Arthritis-Gout | Cancer (type) | Diabetes or Hypoglycemia | Epilepsy | Glaucoma | Heart Disease | High Blood Pressure | Kidney Disease | Parkinson | Prostrate | Stomach Ulcer | Additional Illnesses | Cause of Death | Notes |
|--|----------------------------|-----------|----------------|---------------|-----------------------------|----------|----------|---------------|------------------------|----------------|-----------|-----------|---------------|-------------------------|----------------|-------|
| Paternal Grandparents | | | | | | | | | | | | | | | | |
| Maternal Grandparents | | | | | | | | | | | | | | | | |
| Father | | | | | | | | | | | | | | | | |
| Mother | | | | | | | | | | | | | | | | |
| Siblings | | | | | | | | | | | | | | | | |
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| Self | | | | | | | | | | | | | | | | |
| Spouse | | | | | | | | | | | | | | | | |
| Children | | | | | | | | | | | | | | | | |
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Additional Illnesses:

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|-------------------|-------------------|---------------------|---------------------|-----------|---|
| 1. Bronchitis | 5. German Measles | 9. Mumps | 13. Scarlet Fever | 17. _____ | List drug sensitivities: _____ _____ _____ |
| 2. Chicken Pox | 6. Hemorrhoids | 10. Pneumonia | 14. Typhoid Disease | 18. _____ | |
| 3. Diverticulosis | 7. Hernia | 11. Polio | 15. Tuberculosis | 19. _____ | |
| 4. Emphysema | 8. Measles | 12. Rheumatic Fever | 16. AIDS _____ | 20. _____ | |

List additional information on back of form