

**X-Rays/Diagnostic Tests**

List the year that any of the following were performed.

	Year
Chest X-ray	_____
Mammogram (breast)	_____
Back/Neck X-ray	_____
Endoscopy (stomach)	_____
Upper GI (stomach)	_____
IVP (kidney)	_____
Sigmoidoscopy (colon)	_____
Colonoscopy (colon)	_____

NAME: \_\_\_\_\_

	Year
EKG	_____
ECHO (of heart)	_____
Bone Density	_____
Ultrasound: _____	_____
MRI: _____	_____
CT Scan: _____	_____
Other: _____	_____
Other: _____	_____

**Immunizations**

	Year
Tetanus/Diphtheria vaccination	_____
Pneumococcal vaccination	_____
Flu vaccination (yearly)	_____
Hepatitis B vaccination (3 shot series)	_____
Hepatitis A vaccination	_____
Measles, Mumps, Rubella vaccination	_____
Tuberculosis skin test (PPD)	_____

**Other Tests**

	Year
Vision Test ( <i>Eye exam</i> )	_____
Hearing Test	_____
Dental Check-up	_____

**Family History**Answer or check mark (✓) the appropriate item listed across the top row for each respective relative. List only **blood** relationships.

Family Member (blood related)	Age	If deceased age and cause of death	Asthma	Cancer	Diabetes	High Blood Pressure	Heart Disease	Heart Attack	Stroke	Alcoholism	Allergies	Alzheimer's Disease	Anxiety	Arthritis	Bleeding Disorders	Depression	Epilepsy / Seizure	Glaucoma	HIV / AIDS	Kidney Disease	Liver Disease	Lung Disease	Mental Illness	Migraines	Sickle Cell Dz / Trait	Thyroid Disorder	Other
Father																											
Mother																											
Brother																											
Brother																											
Brother																											
Sister																											
Sister																											
Sister																											
PGF*																											
PGM*																											
MGF*																											
MGM*																											
Other blood-relatives with medical problems (uncles, aunts, etc.)																											
*PGF = Father's Father,			PGM = Father's Mother,			MGF = Mother's Father,			MGM = Mother's Mother																		

\*PGF = Father's Father,

PGM = Father's Mother,

MGF = Mother's Father,

MGM = Mother's Mother

**Remarks**


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Please list all previous health care providers and their specialty (*e.g. Dr. Jones – Neurology*).

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