

VACCINATION AND HEALTH MAINTENANCE SCREENING HISTORY

Tetanus Booster (TdaP)	Date:	Cholesterol	Date:
Flu Vaccine	Date:	Colonoscopy/EGD	Date:
Pneumonia Vaccine	Date:	Mammogram	Date:
Zoster Vaccine (Shingles)	Date:	Bone Density	Date:

PERSONAL MEDICAL HISTORY

DISEASE/CONDITION	CURRENT	PAST	DISEASE/CONDITION	CURRENT	PAST
Alcoholism/Drug Abuse			High Cholesterol		
Asthma			Thyroid Disease		
Cancer (type:)			Liver Disease		
Depression/Anxiety			Renal (kidney) Disease		
Diabetes			Seizures		
Emphysema (COPD)			Anemia		
Heart Disease			Stroke		
High Blood Pressure			Other:		

SURGERIES

SURGERY (specify left/right)	MONTH/YEAR

FAMILY MEDICAL HISTORY

✓ Check all that apply	Alcohol/Drug Abuse	Asthma	Cancer	Emphysema (COPD)	Depression/Anxiety	Bipolar/Suicidal	Diabetes	Early Death	Heart Disease	High Cholesterol	High Blood Pressure	Kidney Disease	Stroke	Thyroid Disease	Other:	Other:	Other:
Mother																	
Father																	
Brother																	
Sister																	
MGM																	
MGF																	
PGM																	
PGF																	

If you need more room on any section, please write on a blank sheet of paper and attach.