





**VACCINATION AND HEALTH MAINTENANCE SCREENING HISTORY**

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