



# Medical History Chart

<b>A. Medical Conditions in Your Family</b> (Father, mother, grandparents, brothers, sisters, aunts, uncles)			
<b>Condition</b>	<b>Relative</b>	<b>Age of Onset</b>	<b>Age and Cause of Death</b>
Allergies	_____	_____	_____
Arthritis	_____	_____	_____
Bowel Disorder	_____	_____	_____
Cancer	_____	_____	_____
Cataracts	_____	_____	_____
Diabetes	_____	_____	_____
Glaucoma	_____	_____	_____
Hearing Problems	_____	_____	_____
Heart Disease	_____	_____	_____
High Blood Pressure	_____	_____	_____
Pneumonia	_____	_____	_____
Smoker	_____	_____	_____
Stroke	_____	_____	_____
Thyroid Problems	_____	_____	_____
Other	_____	_____	_____
<b>B. Your Medical History</b>			
<b>Condition</b>	<b>Date Diagnosed</b>	<b>Treatment to Date</b>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
<b>Surgeries</b>	<b>Date</b>	<b>Doctor/Hospital/Comments</b>	
_____	_____	_____	
_____	_____	_____	
Blood Type	_____		
Allergies	_____		
Drug Sensitivities	_____		