



## Family Medical Record

### A. Medical Conditions in Your Family (Father, mother, grandparents, brothers, sisters, aunts, uncles)

Condition	Relative	Age of Onset	Age and Cause of Death
Alcohol / Drug Abuse			
Allergies / Asthma			
Alzheimer's/Dementia			
Arthritis			
Bowel Disorder (Crohn's Disease, Colitis)			
Brain Aneurysm			
Cancer & Type			
Cataracts / Glaucoma			
Depression			
Diabetes			
Hearing Problems			
Heart Disease / Stroke			
High Blood Pressure			
Migraine Headaches			
Pneumonia			
Smoker			
Thrombosis (Blood Clots)			
Thyroid Problems			

Other

### B. Medical Log (Keep one for each family member.)

Condition/Surgery	Date Diagnosed	Doctor/Treatment/Comments
_____	_____	_____
_____	_____	_____

Allergies \_\_\_\_\_

Blood Type \_\_\_\_\_ Drug Sensitivities \_\_\_\_\_