



Medical History Chart

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