PERSONAL HEALTH HISTORY - Continued

Serious Illnesses NOT requiring Hospitalization		Hospitalizations (Not including normal pregnancies)	
Illness	Year	Surgery or Illness	Year

FAMILY HEALTH HISTORY

Indicate status (in this row only): A=Alive D=Deceased U=Unknown							Indicate status (in this row only): A=Alive D=Deceased U=Unknown						
Check Condition(s) below that apply to each relative	Father	Mother	Brother	Sister	Son	Daughter	Check Condition(s) below that apply to each relative	Father	Mother	Brother	Sister	Son	Daughter
Anemia (type)_____							Hepatitis B						
Angina (Chest Pain)							Hepatitis C						
Anxiety							HIV infection						
Arteriosclerotic Heart Disease - ASHD							Hypercholesterolemia (High Cholesterol)						
Arthritis							Hypertension - High Blood Pressure						
Asthma							Hyperthyroidism (OVER active thyroid)						
Back pain							Hypoglycemia						
Bleeding disorders							Hypothyroidism (UNDER active thyroid)						
Cancer (type)_____							Insomnia (SLEEPING problems)						
Cardiovascular (HEART) Disease							Irritable bowel syndrome						
Carpal tunnel syndrome							Liver disease						
Cerebrovascular disease (STROKE)							Lupus						
Chronic Obstructive Pulmonary Disease							Macular Degeneration						
Cirrhosis of the liver							Menopause						
Constipation							Menstrual problems						
Coronary Artery Disease (CAD)							Migraine						
Deep Vein Thrombosis (DVT)							Osteoporosis						
Diabetes							Parkinson's Disease						
Eczema							Renal (KIDNEY) failure						
Emphysema							Renal Calculi (KIDNEY STONES)						
Gastroesophageal REFLUX disease							Rheumatic Fever						
Glaucoma							Seizure Disorder						
Headaches							Sinusitis (SINUS PROBLEMS)						
Hearing Loss							Syncope (PASSING OUT)						
Heart Attack							Ulcerative COLITIS						
Heart Murmer							Other						
Hematuria/BLOOD in urine							Other						

I certify the information given is correct to the best of my knowledge. I will not hold Sunny Pediatrics and Family Medicine or members of its staff responsible for any errors or omissions that I may have made in the completion of this form.

Signature	Date

SUNNY PEDIATRICS AND FAMILY MEDICINE

Currently Live (circle): Alone With Family With Friend(s) With Significant Other

Marital Status (circle): Married Separated Divorced Widowed Never Married

Number of Children: Employment (circle): Working Unemployed Retired Student

Tobacco use: Never smoked/chewed Former smoker Currently smoke #___per day # ___yrs using tobacco

Alcohol Use: Never drink alcohol Quit this year Currently drink alcohol Frequency _____

Drug/Medication Allergies:

PERSONAL HEALTH HISTORY

Check All Items either YES or NO & give approximate date if Past	NO	Yes NOW	Yes PAST	Date	Check All Items either YES or NO & give approximate date if Past	NO	yes NOW	Yes PAST	Date
Anemia (type)_____					Hepatitis B				
Angina (Chest Pain)					Hepatitis C				
Anxiety					HIV infection				
Arteriosclerotic Heart Disease - ASHD					Hypercholesterolemia (High Cholesterol)				
Arthritis					Hypertension - High Blood Pressure				
Asthma					Hyperthyroidism (OVER active thyroid)				
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Chronic Obstructive Pulmonary Disease					Macular Degeneration				
Cirrhosis of the liver					Menopause				
Constipation					Menstrual problems				
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Glaucoma					Seizure Disorder				
Headaches					Sinusitis (SINUS PROBLEMS)				
Hearing Loss					Syncope (PASSING OUT)				
Heart Attack					Ulcerative COLITIS				
Heart Murmer					Other				
Hematuria/BLOOD in urine					Other				

Continued on Back

PERSONAL MEDICATION RECORD

Name of Medication (Prescriptions, over-the-counter, supplements, patches, inhalers)	**Dose/Strength of Medication** (Example: 20mg tablets)	**How Often Do You Take It?** (Example: 3 times a day at bedtime)	**Do You Still Take It? / If 'NO' - Date Stopped**
1.			Y N /
2.			Y N /
3.			Y N /
4.			Y N /
5.			Y N /
6.			Y N /
7.			Y N /
8.			Y N /
9.			Y N /
10.			Y N /
11.			Y N /
12.			Y N /
13.			Y N /
14.			Y N /
15.			Y N /
16.			Y N /

KEEP A COMPLETED AND UP-TO-DATE LIST WITH YOU AT ALL TIMES

Courtesy of Sunny Pediatrics and Family Medicine