

Medical History for You
And Your Relatives: Grandparents, Parents, Brothers and Sisters

Name: _____

I have or had:
(Circle appropriate ones.)

1. Diabetes
2. High Cholesterol
3. High Blood Pressure
4. Heart Disease
5. Cancer of:
 - a. Breast
 - b. Colon-rectum
 - c. Ovary
 - d. Prostate
 - e. Uterus
6. Rheumatoid arthritis
7. Thyroid disease
8. Auto immune disease
9. Asthma
10. Ulcer
11. Alzheimer's disease
12. Digestive disease
13. Allergies
14. Others: Please List

Relatives known to have or had:
(Circle appropriate ones.)

1. Diabetes
2. High Cholesterol
3. High Blood Pressure
4. Heart Disease
5. Cancer of:
 - a. Breast
 - b. Colon-rectum
 - c. Ovary
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14. Others: Please List