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

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

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