Integrative Family Health Clinic

Personal Past & Present Medical Problems

Check all Iteams appropriately	Yes	No	Father	Mother	Sister	Brother	Son	Daughter
Alcoholism								
Allergies								
Anema								
Arthritis								
Asthma								
Birth Defects								
Bleeding Tendency								
Cancer, Tumor								
Colitis								
Congenital Heart								
Diabetes								
Emphsema								
Epilapsy								
Glaucoma								
Goiter								
Hay Fever								
Heart Attack								
Heart Disease								
High Blood Pressure								
Kidney Disease								
Leukemia								
Liver Disease								
Mental Illness								
Migraine								
Nervious Breakdown								
Obesity								
Rheumatism								
Rheumatic Fever								
Sickle-Cell Anemia								
Stomach Ulcer								
Stroke								
Suicide								
Tuberculosis								

Family Members

Deceased			Or	Living			
					Health		
Family Members	Cause of Death	Age Deceased		Age Now	Good	Fair	Poor
Father							
Mother							
Brother(s)							
Sister(s)							

Operations	Yes	No	Date	Comments
Tonsils				
Appendix				
Gall Bladder				
Stomach				
Kidney				
Colon				
Thyriod				
Hernia				
Breast (Women)				
Uterus (Women)				
Overies (Women)				
Prostate (Men)				
Other- if yes, please explain:				

Alcohol, Caffiene and/or Nicotine Consumption

Nicotine yes or no	Form of consumption	Frequency

Caffiene yes or no	Form of consumption	Frequency

Alcohol yes or no	Form of consumption	Frequency

Immunizations

	Yes	No	Date	Comments
Pneumonia				
Tetanus				
Booster				
Measles				
Influenza				
German Measles/Mumps				
Other- If yes, please explain:				

X-Rays

Mammogram				
Back				
Chest				
Colon				
Extremities				
Gall Bladder				
Kidney				
Stomach				
Other- If yes, please explain:				