

CLAUDE FAMILY MEDICAL CLINIC

FAMILY HISTORY

Please mark a **P**=Parent **G**=Grandparent
S=sibling **C**=child beside each if it applies

CANCER/BLD DISORDER: _____
DIABETES: _____
HIGH BLOOD PRESSURE _____
HEART DISEASE: _____
ASTHMA: _____
STROKE: _____
THYROID: _____
KIDNEY: _____
LUNG DISEASE: _____
ARTHRITIS: _____
GLAUCOMA: _____
PSYCH: _____

CURRENT PROBLEMS

<u>Date</u>	<u>Problem</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ALCOHOL/SMOKING
HOSPITALIZATIONS/SURGERIES

Drinks/week: _____
Packs/day: _____

Last PAP: _____
Mammo: _____

Flex-sig/Colonoscopy: _____
PSA: _____

Flu Vaccine: Y N
Date: _____

Date: _____
Reason: _____
Doctor: _____
Hospital: _____

Date: _____
Reason: _____
Doctor: _____
Hospital: _____

Pneumonia Vaccine: Y N
Date: _____

Date: _____
Reason: _____
Doctor: _____
Hospital: _____

Last Tetanus: _____

ALLERGIES:

CURRENT MEDICATIONS

