

Past Medical History

	Patient	Family Member (list - mother, father, sisters, brother or children, grandparents)
Stroke		
High Blood Pressure		
Heart Disease or Heart Attack		
Angina Chest Pain		
Diabetes		
Cancer		
Bleeding Tendencies		
Lung Disease		
(Ex: Asthma, Tuberculosis, COPD, Emphysema)		
Frequent/Severe Headaches		
Seizures		
Fainting Spells		
Arthritis		
Liver Disease (Hepatitis, Cirrhosis)		
Urinary Tract Infections		
(Last occurrence and how many?)		
Stomach Ulcers		
Others, Please list:		
Have you ever had to be given blood?		
If so, how many pints? _____ When? _____		

Please list any surgeries you have had and the dates, including the year:

Please list serious accidents and other reasons for hospitalizations, including the date:
