

Oakwood Family Care

Family History

Please check all that apply

	Father	Mother	Fathers Parents	Mothers Parents	Siblings	Children
Cancer						
Diabetes						
Epilepsy/Convulsions						
Glaucoma						
Heart Disease						
High Blood Pressure						
Kidney Disease						
Mental Illness						
Stroke						
Thyroid Disease						
Drug or Alcohol Addiction						
Other:						

PAST AND PRESENT MEDICAL HISTORY: (Circle all that apply)

High Blood Pressure

Diabetes

Cancer

Chest Pain

Chest Tightness

Shortness of Breath

Swollen Ankles

Palpitations

Lightheadedness

Frequent Urination

Rheumatic Fever

Asthma

Bronchitis

Pneumonia

Persistent Cough

Tuberculosis

Abdominal Discomfort

Hay Fever

Indigestion

Nausea

Vomiting

Constipation

Diarrhea

Blood in Stool

Ulcers

Gout

Hemorrhoids

Gall Bladder Disease

Unexplained weight gain or loss

Colitis

Hepatitis or Jaundice

Thyroid Disease

Head or Neck Radiation

Headache

Kidney Disease

Kidney Stones

Difficulty Urinating

Arthritis

Skin Diseases

Blood Disorders

Venereal Diseases

Anxiety

Depression

Anemia

Alcohol Abuse

Drug Abuse

Change in Bowel Habits

Low Back Problems

Other: