**Personal Health History**

A personal and family health history is valuable in making health decisions, and may provide important information about potential hereditary health conditions. Review and update this form as your health status changes. Include records if possible. Alternatively, consider using the Surgeon General’s web based tool, My Family Health Portrait. *Resources: Creating a Family Health History under U.S. Department* *of Health and Human Services, pg. 62.*



|  |  |  |
| --- | --- | --- |
|  | **Date of** |  |
| **Incident or Illness** | **incident or** | **Comments / Family History** |
|  | **age of onset** |  |

AIDS

Alcohol Addiction

Anemia

Angina (Chest Pain)

Arteriosclerosis

Arthritis

Artificial Heart Valve

Artificial Joints

Asthma

Blood Disorder

Blood Transfusion

Cancer

Chemotherapy

Cystic Fibrosis

Diabetes Type One

Diabetes Type Two

Drug Addiction

Eating Disorder

Emphysema

Epilepsy/Seizure Disorder

Fainting or Dizzy Spells

Glaucoma

Hay Fever or Allergies

Heart Disease or Attack

Heart Failure

Heart Murmur

Heart Pacemaker

Heart Surgery

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|  |  |  |  |
| --- | --- | --- | --- |
| **Incident or Illness** | **Date of** | **Comments / Family History** |  |
| **incident or** |  |
|  | **age of onset** |  |  |

Hemophilia

Hepatitis A

Hepatitis B Positive

Hepatitis C Positive

High Blood Pressure

HIV Positive

Jaundice

Kidney Trouble

Liver Disease

Mental Illness

Mitral Valve Prolapse

Nicotine Addiction

Pneumonia

Pregnancies

Radiation Therapy

Rheumatism

Serious Injuries

Sickle Cell Disease

Sinus Trouble

Stroke

Surgeries:

Thyroid Problem

Tuberculosis, Active

Tuberculosis, Positive Test

Tumors

Ulcers

Venereal Disease

Condition not listed:

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