
OUR FAMILY'S HEALTH HISTORY

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OUR FAMILY'S HEALTH HISTORY

Doctors often have difficulty treating an illness, or sometimes even treat the wrong illness, because people don't know enough about their family's health history. All too often, it's too late to ask their parents, brothers and sisters, or aunts and uncles. Now, you can help avoid this problem in case you or another member of your family comes down with a serious illness.

Start with your (and your spouse's) full name, date and place of birth in the spaces provided below. Then, fill in the information in the following pages. We recommend that you use a pencil so that you can easily make changes as they occur.

His Full Name _____

Date of Birth _____

Place of Birth _____

Her Full Name _____

Date of Birth _____

Place of Birth _____

Child's First Name	_____	_____	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____	_____	_____
Illnesses and Conditions*:	_____	_____	_____	_____	_____	_____
(List Dates)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
Allergies (to food or to medicine):	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
Date of Latest:						
Visit to the Doctor	_____	_____	_____	_____	_____	_____
Hepatitis B Shot	_____	_____	_____	_____	_____	_____
Hib Shot	_____	_____	_____	_____	_____	_____
Polio Shot (IPV)	_____	_____	_____	_____	_____	_____
DTaP Shot	_____	_____	_____	_____	_____	_____
Pneumo Shot	_____	_____	_____	_____	_____	_____
MMR Shot	_____	_____	_____	_____	_____	_____
Varicella Shot	_____	_____	_____	_____	_____	_____
Hepatitis A Shot	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____

*ILLNESSES AND MEDICAL CONDITIONS: Anemia; Arthritis; Bronchitis; Cancer or Tumor; Chicken Pox; Congenital Birth Defect; Diabetes; Diseases of the Bones, Brain, Digestive Tract, Heart, Joints, Kidney, Lungs or Nervous System; Disorders of the Back, Bladder, Blood, Gallbladder, Immune System, Liver, Pancreas, Skin, Stomach or Thyroid Gland; Epilepsy; German Measles; High Blood Pressure; Measles; Mononucleosis; Mumps; Pneumonia; Polio; Rheumatic Fever; Scarlet Fever.

Doctor's Name _____
Address _____
_____ Phone _____

For Whom _____
For Treatment Of _____

Doctor's Name _____
Address _____
_____ Phone _____

For Whom _____
For Treatment Of _____

Doctor's Name _____
Address _____
_____ Phone _____

For Whom _____
For Treatment Of _____

Doctor's Name _____
Address _____
_____ Phone _____

For Whom _____
For Treatment Of _____

Dentist's Name _____
Address _____
_____ Phone _____

For Whom _____

Ophthalmologist or Optometrist:
Name _____
Address _____
_____ Phone _____

Drug Store:
Name _____
Address _____
_____ Phone _____

Doctor's Name _____
Address _____
_____ Phone _____

For Whom _____
For Treatment Of _____

Doctor's Name _____
Address _____
_____ Phone _____

For Whom _____
For Treatment Of _____

Doctor's Name _____
Address _____
_____ Phone _____

For Whom _____
For Treatment Of _____

Hospital:
Name _____
Address _____
_____ Phone _____

Dentist's Name _____
Address _____
_____ Phone _____

For Whom _____

Orthodontist:
Name _____
Address _____
_____ Phone _____

Home Health Care Service:
Name _____
Address _____
_____ Phone _____