

Tania Morgan Bowen M.D., MPH

Patient _____

Today's Date _____

FAMILY MEDICAL HISTORY

Please provide information on each of the following relatives. List any illnesses or disease that they may have had. The age at which the illness or disease occurred and if deceased the cause of death. **DO NOT LIST THEIR NAMES.** If you don't know their age or health problems, please put unknown. Please don't leave any blanks.

	Alive or Deceased	Age (now or at death)	Health Problems (if deceased cause of death)
Mother			
Father			
Maternal Grandmother			
Maternal Grandfather			
Paternal Grandmother			
Paternal Grandfather			
Siblings			
Children			

DO YOU HAVE ANY OF THE BELOW SYMPTOMS CURRENTLY PLEASE FILL IN ONLY THE ITEMS THAT APPLY TO YOU.

CONSTITUTION

- Good general health
- Recent Weight Change
- Fever
- Fatigue

EYES

- Eye disease or injury
- Wear glasses/contact lens
- Blurred or double Vision
- Glaucoma

EARS/NOSE/MOUTH/THROAT

- Hearing loss or ringing
- Earaches or drainage
- Chronic sinus problem/rhinitis
- Nose Bleeds
- Mouth Sores
- Bleeding Gums
- Voice Change
- Sore Throat
- Swollen Glands in neck

CARDIOVASCULAR

- Chest Pain
- Palpitations
- Shortness of breath w/walking
- Or lying flat
- Swelling of feet, hands, or angles
- Change in hat or glove size

RESPIRATORY

- Chronic or frequent cough
- Spitting up blood
- Shortness of breath
- Wheezing

HEMATOLOGIC / LYMPHATIC

- Slow to heal after cuts
- Bleeding or bruising
- Anemia
- Enlarged glands

MUSCULOSKELETAL

- Joint Pain
- Joint Stiffness and swelling
- Weakness of muscles / joints
- Muscle pains or cramps
- Back Pain
- Cold Extremities
- Difficult Walking

SKIN

- Rash or itching
- Change in skin color
- Change in hair or nails
- Varicose Veins

NEUROLOGICAL

- Freq/reoccurring headaches
- Numbness tingling
- Paralysis
- Lightheaded / dizzy

PSYCHIATRIC

- Nervousness
- Depression
- Insomnia

ENDOCRINE

- Excessive thirst or urination
- Heat or cold intolerance
- Skin becoming dryer

GASTROINTESTINAL

- Loss of appetite
- Change in bowel movements
- Nausea or vomiting
- Frequent diarrhea
- Painful bowel movements
- Rectal Bleeding / Blood in stool
- Abdominal pain
- Constipation
- Heartburn

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