## MEDICAL HISTORY

| | | | |
|---|---|---|---|
| Name | | Sex | M F |
| Birth Date | | Age | |
| Ethnicity | | Phone# | |
| Address | | | |
| Allergies | | | |

Past Medical History

**Family History:** ☐ Early Heart disease (heart attack <50)

History of: ☐ high cholesterol ☐ diabetes ☐ inherited disorders ☐ mental retardation
☐ hypertension ☐ cancer ☐ TB ☐ seizure disorder ☐ allergies/asthma

☐ other:

**Social History:** 1 or 2 parent home

Siblings: (ages & health)

Smoke exposure:

Pets:

**Medications:**

Does your insurance cover immunizations? YES ☐ NO ☐