

## Personal Medical History Form Instructions

On this form you want fill out as much as possible so in the case of an emergency illness or surgery you or your family member (if you're the patient) can provide the doctor with the needed information. Most of the form is self-explanatory but I will write a brief explanation for some parts.

I have tried to make the form in a way that if you run out of room in a certain section you can print out only that page and not the whole form. This will save you from having to rewrite everything.

Fill out a separate form for each family member. Make sure the other family members know where to find the forms in your file drawer.

**Blood Type:** Circle the blood type and whether it's positive or negative. Ask your doctor if you don't know it.

Make sure the contact information for the doctor/clinic/hospital and the health insurance is always up to date. You may need to fill out a new form when it changes if you have run out of room.

If you run out of space for the Medicines and supplements you can print out another copy of the first page or write the information on a piece of notebook paper and attach to the form. Most of the information for this section should be on the medicine bottles or you can contact your pharmacist or doctor for it.

If you don't have the information for the immunizations in your files, contact your doctor. It may take a little detective work on your part to find the childhood immunization records on any adult members of the family.

Any family history of diseases such as heart disease, cancer, diabetes, or any other major disease may be important for you or your children to know in the future.

On the third page I tried to make enough room so you can fill in the new information each time the person has a physical, test, screening, major illness, or surgery. Start with the oldest and work your way down to the newest. That way you can keep adding on without having to rewrite the page each time. This is the opposite of what most doctor's forms asks for (newest to the oldest).



Known Allergies:

Medications: \_\_\_\_\_

Other (seasonal, food) \_\_\_\_\_

**Immunizations Record**

| Vaccine       | MO/DA/YR | MO/DA/YR | MO/DA/YR | MO/DA/YR | MO/DA/YR | MO/DA/YR |
|---------------|----------|----------|----------|----------|----------|----------|
| DPT           | _____    | _____    | _____    | _____    | _____    | _____    |
| TD            | _____    | _____    | _____    | _____    | _____    | _____    |
| Polio         | _____    | _____    | _____    | _____    | _____    | _____    |
| Measles       | _____    | _____    | _____    | _____    | _____    | _____    |
| Mumps         | _____    | _____    | _____    | _____    | _____    | _____    |
| Rubella       | _____    | _____    | _____    | _____    | _____    | _____    |
| Hepatitis A   | _____    | _____    | _____    | _____    | _____    | _____    |
| Hepatitis B   | _____    | _____    | _____    | _____    | _____    | _____    |
| TB Test       | _____    | _____    | _____    | _____    | _____    | _____    |
| Meningococcal | _____    | _____    | _____    | _____    | _____    | _____    |
| Influenza     | _____    | _____    | _____    | _____    | _____    | _____    |
| Pneumococcal  | _____    | _____    | _____    | _____    | _____    | _____    |
| _____         | _____    | _____    | _____    | _____    | _____    | _____    |
| _____         | _____    | _____    | _____    | _____    | _____    | _____    |

Family History: Significant diseases of grandparents, parents, siblings, children.

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