

PAST MEDICAL AND FAMILY HISTORY

Michael Cheikin MD

| Last Name | | First Name: | | | | | Today's Date | | | | LEAVE BLANK |
|--------------------------------------------------------------------------------|--|-------------|--------|--------|-----------------|-----------------|--------------|---------|--------|----------|-------------|
| Please check if yes | | You | Father | Mother | Father's Family | Mother's Family | Brothers | Sisters | Spouse | Children | |
| Age(s) (if living) | | | | | | | | | | | |
| Health G=good, B=bad | | | | | | | | | | | |
| Allergies | | | | | | | | | | | |
| Alzheimer's/Dementia | | | | | | | | | | | |
| Anemia | | | | | | | | | | | |
| Arthritis (Osteo-) | | | | | | | | | | | |
| Asthma/COPD/Lung Issues | | | | | | | | | | | |
| Autoimmune Disease | | | | | | | | | | | |
| Bleeding or Clotting Disorder | | | | | | | | | | | |
| Broken Bones: Patient only, age, location: | | | | | | | | | | | |
| Cancer/Leukemia | | | | | | | | | | | |
| Colitis/Crohns/IBS | | | | | | | | | | | |
| Daily Wine/Spiritsd | | | | | | | | | | | |
| Dementia/Alzheimers | | | | | | | | | | | |
| Depression/Anxiety | | | | | | | | | | | |
| Diabetes | | | | | | | | | | | |
| Eczema/Psoriasis | | | | | | | | | | | |
| Epilepsy/Seizures | | | | | | | | | | | |
| Fibromyalgia/Chronic Fatigue | | | | | | | | | | | |
| Gallbladder Disease | | | | | | | | | | | |
| GERD/Barretts/Heartburn | | | | | | | | | | | |
| Heart Disease | | | | | | | | | | | |
| Hepatitis | | | | | | | | | | | |
| High Blood Pressure | | | | | | | | | | | |
| High Cholesterol | | | | | | | | | | | |
| Kidney Disease/Stones | | | | | | | | | | | |
| Liver/Gallbladder Disease | | | | | | | | | | | |
| Lupus | | | | | | | | | | | |
| Migraines/Headaches (circle which) | | | | | | | | | | | |
| Multiple Sclerosis | | | | | | | | | | | |
| Obesity | | | | | | | | | | | |
| Pain Syndrome (Neck, Back, etc) | | | | | | | | | | | |
| PolyCystic Ovarian Syndrome | | | | | | | | | | | |
| Prior Work/Auto Injury, Patient only, dates: | | | | | | | | | | | |
| Psychiatric Illness | | | | | | | | | | | |
| Raynauds | | | | | | | | | | | |
| Rheumatoid Arthritis | | | | | | | | | | | |
| Root Canals, Patient only, dates: | | | | | | | | | | | |
| Sinusitis/Ear Infections | | | | | | | | | | | |
| Stomach Ulcers/Reflux | | | | | | | | | | | |
| Street Drug Use (Pot, Cocaine, etc) | | | | | | | | | | | |
| Stroke | | | | | | | | | | | |
| Scoliosis | | | | | | | | | | | |
| Smoke (now or past) | | | | | | | | | | | |
| Suicide | | | | | | | | | | | |
| Thyroid Disease/Goiter/Graves | | | | | | | | | | | |
| Toxic Exposure | | | | | | | | | | | |
| Urinary Tract Infections | | | | | | | | | | | |
| Yeast Infection(s) | | | | | | | | | | | |
| Infections within the last five years requiring treatment (patient only, list) | | | | | | | | | | | |
| Other Important Conditions: list: (use back for more) | | | | | | | | | | | |
| Age(s) at death | | | | | | | | | | | |
| Cause(s) of Death (use back for more) | | | | | | | | | | | |

PLEASE LEAVE BLANK

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