



Family Physicians, LLC

14 Medical Park • Valley, AL 36854 • Phone: 334-756-4136

PATIENT HEALTH HISTORY FORM



Name _____ SS#: _____ Date: _____

Address: _____ Occupation: _____

Phone (home): _____ (work): _____ Date of Birth: _____



		Father	Mother	Father's Parents	Mother's Parents	Siblings	Children
	Heart Disease						
	High Blood Pressure						
	Stroke						
	Cancer						
	Glaucoma						
	Diabetes						
	Epilepsy/Convulsions						
	Bleeding Disorder						
	Kidney Disease						
	Thyroid Disease						
	Mental Illness						
	Osteoporosis						



REASON	DATE	REASON	DATE



Allergies/Hay Fever	Glaucoma	Osteoporosis
Anemia	Gout	Peripheral Vascular Disease
Arthritis	Hepatitis	Pneumonia
Asthma/Emphysema	Headache	Prostate Disease
Bleeding Disorder	Heart Attack	Rheumatic Fever
Bowel Irregularity	Heart Murmur	Sexual/menstrual Dysfunction
Bronchitis	Heart Palpitations	Stroke
Cancer	High Cholesterol	Thyroid Disease
Congestive Heart Failure	Hypertension (High Blood Pressure)	Ulcer
Depression	Incontinence	Veneral Disease
Diabetes	Kidney Disease	Other (please specify):
Dizziness/Fainting	Lactose Intolerance	
Epilepsy/Convulsions	Mental illness	



Smoke Packs Daily	Coffee: Cups daily	Sleep:
How Long?	Other Caffeine:	Difficulty falling asleep
When Stopped?	Alcohol: Type/amount	Continuity disturbances
	Diet: Salt intake	Snooring
Exercise routine:	Fat intake	Early morning awakening
		Daytime drowsiness