

# Printable Family Medical History Form Template

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HEALTH HISTORY FORM			
Today's Date:		Primary Care Provider / Address:	
PATIENT INFORMATION			
Last Name: _____		First Name: _____	Middle Initial: _____
Address: _____		Date of Birth: ____/____/____	
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Mandarin <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other		Phone #: _____	
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American or Black <input type="checkbox"/> Native Hawaiian/Other Pacific <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other			
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
Primary Pharmacy: _____		Address: _____	
**Prescription Benefits Provided By (i.e. Express Scripts, Medco, etc.): _____			
REASON FOR TODAY'S VISIT			
Concern: _____	Location: _____	Duration: _____	Prior Treatments: _____
Concern: _____	Location: _____	Duration: _____	Prior Treatments: _____
PAST MEDICAL HISTORY			
CRITICAL INFORMATION		MEDICAL HISTORY	
Adhesive tape / latex allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Abnormal moles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anticoagulant treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Abnormal scars	<input type="checkbox"/> Yes <input type="checkbox"/> No
Artificial heart valves	<input type="checkbox"/> Yes <input type="checkbox"/> No	Acne	<input type="checkbox"/> Yes <input type="checkbox"/> No
Artificial joint	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actinic keratosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bacitracin / Neosporin allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bleeding disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breast cancer / Other cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eczema	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epinephrine sensitivity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hay fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fainting / syncope	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	HSV / cold sore	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV positivity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lupus	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunosuppressive therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple sclerosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local anesthetics allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parkinson's disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lymphoma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Poor wound healing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Memory problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Psoriasis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mitral valve prolapse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rosacea	<input type="checkbox"/> Yes <input type="checkbox"/> No
MRSA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seasonal allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organ transplant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Thyroid disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pacemaker / defibrillator	<input type="checkbox"/> Yes <input type="checkbox"/> No	Warts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-op/pre-dental antibiotics	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (specify below)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Printable family medical history form template** is an essential tool for individuals and families to document their medical history. Understanding your family's health background can play a crucial role in predicting potential health risks and making informed decisions about your healthcare. This article will explore the importance of a family medical history, how to create a printable form template, and tips for using and maintaining it effectively.

## Why Family Medical History is Important

Family medical history provides insights into hereditary health conditions that may affect you or your loved ones. Knowing this information can help medical professionals assess risks and suggest

preventive measures. Here are some key reasons why documenting your family medical history is vital:

- **Identification of Genetic Conditions:** Certain diseases and conditions, such as diabetes, heart disease, and cancer, often run in families. A comprehensive family medical history can help identify individuals at risk.
- **Informed Healthcare Decisions:** With a detailed family history, healthcare providers can tailor screenings and preventative measures based on potential risks.
- **Emergency Preparedness:** In case of emergencies, having a documented family medical history can provide healthcare professionals with critical information quickly.
- **Genetic Counseling:** If you or your family members are considering genetic testing, a family medical history can help genetic counselors assess risks more accurately.

## Components of a Family Medical History

A well-structured family medical history should include various components that capture relevant information. These components can be categorized as follows:

### Basic Information

- **Name of Family Member:** Record the names of immediate and extended family members, such as parents, siblings, grandparents, aunts, and uncles.
- **Relationship:** Indicate the relationship of each member to you (e.g., mother, father, cousin).
- **Date of Birth:** Include birth dates to provide context regarding age and potential age-related conditions.

### Medical Conditions

- **Chronic Illnesses:** Document any chronic illnesses diagnosed in family members (e.g., asthma, hypertension).
- **Genetic Disorders:** Note any known genetic disorders, such as cystic fibrosis or sickle cell anemia.
- **Mental Health Issues:** Include any history of mental health conditions like depression or anxiety.

### Causes of Death

- **Age at Death:** Record the age at which family members passed away to provide insight into potential hereditary diseases.

- Cause of Death: Document known causes of death, as this can be critical for assessing risks related to specific conditions.

## **Other Relevant Information**

- Lifestyle Factors: Note lifestyle choices that may impact health, such as smoking, alcohol consumption, or physical activity.
- Screenings and Vaccinations: Keep track of any significant medical screenings or vaccinations received by family members.

# **Creating a Printable Family Medical History Form Template**

Creating a printable family medical history form template can streamline the process of gathering and organizing this crucial information. Here's how you can create one:

## **Step 1: Choose a Format**

Decide whether you want to create your template using word processing software (like Microsoft Word or Google Docs) or use spreadsheet software (like Microsoft Excel or Google Sheets). Each format has its benefits, so choose one that you find easier for organization and printing.

## **Step 2: Design the Template**

Include the following sections in your template:

- Header: Title the document "Family Medical History" and include space for the main individual's name and contact information.
- Table for Family Members: Create a table with columns for the components discussed earlier, such as name, relationship, date of birth, medical conditions, cause of death, and lifestyle factors.
- Additional Notes Section: Leave room for any additional comments or notes that may be relevant.

## **Step 3: Test the Template**

Before finalizing your template, print a copy and fill it out to ensure it meets your needs. This test run can help you identify any adjustments that may be necessary for clarity or organization.

## Step 4: Save and Distribute

Save the template in a format that is easy to share, such as PDF or Word. Distribute copies to family members to collectively gather information.

## Tips for Using Your Family Medical History Form

Once you have created your printable family medical history form template, consider these tips for effective usage:

- **Regular Updates:** Schedule regular updates of your family medical history to capture changes over time, especially after significant family events (e.g., births, deaths).
- **Encourage Family Participation:** Involve family members in the process to ensure a more comprehensive understanding. Share your template with them and encourage them to provide their medical history.
- **Consult Professionals:** If needed, consult a healthcare provider for guidance on how to interpret family medical history and its implications for your health.
- **Keep It Confidential:** Be mindful of the sensitivity of the information collected. Ensure that the document is stored securely and shared only with trusted individuals.

## Maintaining Your Family Medical History

Maintaining updated records of your family medical history can be a valuable ongoing task. Here are some strategies for keeping your records organized:

### Digital Storage Options

Consider using digital storage solutions, such as cloud storage services (e.g., Google Drive or Dropbox). This allows for easy access and updates, as well as sharing with healthcare providers when necessary.

### Regular Family Meetings

Organize family meetings or gatherings to discuss health and wellness, allowing members to share updates regarding their medical history and any changes.

## Utilize Apps and Software

Explore apps designed to assist with family health history tracking. Many of these tools are user-friendly and can help streamline the process of documenting and updating health information.

## Conclusion

A **printable family medical history form template** is an invaluable resource for understanding your family's health background. By documenting this information, you can empower yourself and your loved ones to make informed healthcare decisions. Whether you choose to create a template from scratch or utilize available resources online, the effort you invest in gathering and maintaining your family medical history will serve you well in the long run. Remember to keep the information secure and updated, as this knowledge can significantly impact health outcomes for generations to come.

## Frequently Asked Questions

### What is a printable family medical history form template?

A printable family medical history form template is a pre-designed document that allows individuals to record and organize their family's medical history for healthcare purposes.

### Why is it important to keep a family medical history?

Keeping a family medical history is important as it helps healthcare providers assess risk factors for hereditary conditions and can aid in preventive care and early detection.

### Where can I find a printable family medical history form template?

Printable family medical history form templates can be found on various health organization websites, medical blogs, and template resource sites like Canva or Microsoft Office.

### What information is typically included in a family medical history form?

Typical information includes details about family members, their ages, medical conditions, causes of death, and any relevant health issues that may be hereditary.

### How do I fill out a family medical history form template?

To fill out the template, start by listing your family members, then fill in their health conditions, ages at diagnosis, and any other pertinent health information.

## **Can I customize a family medical history form template?**

Yes, many templates are customizable, allowing you to add or remove sections based on your family's specific health history needs.

## **Is there a digital version of the family medical history form template?**

Yes, many websites offer digital versions of family medical history forms that can be filled out online and printed as needed.

## **How often should I update my family medical history form?**

It is advisable to update your family medical history form regularly, especially after major health events or changes in your family's health status.

## **Can a family medical history form help with genetic counseling?**

Yes, a detailed family medical history form is often a crucial part of the genetic counseling process, helping professionals assess inherited health risks.

## **Do I need to share my family medical history with my doctor?**

Yes, sharing your family medical history with your doctor can provide valuable insights for personalized healthcare and screening recommendations.

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