



## Past Medical History

<u>Surgery</u>	<u>Year</u>	<u>Hospitalizations</u>	<u>Year</u>

## Family History

<u>Diagnosis</u>	<u>Family Member</u>	<u>Age</u>	<u>Comments</u>

## Health Care Maintenance

<u>Test</u>	<u>Yes</u>	<u>No</u>	<u>Year</u>
Flexible Sigmoidoscopy			
Mammogram			
Pap Smear			
Bone Density			
Stress Test			

## Immunizations

<u>Immunization</u>	<u>Year</u>
Pneumonia	
Shingles	
Tuberculosis	
Flu	
T-Dap	
Tetanus	
Gardasil	