Family History Log

	Self	Dad	Mom	Sib				Grand-mother	Grand-father	Grand-mother	Grand-father
Age or age at death & year											
Health Status: Excellent, good, fair, or poor											
Arthritis: Yes or No											
Cancer: Yes or No											
Heart Condition: Yes or No											
Lung Disease: Yes or No											
Stroke: Yes or No											
Smoker: Yes or No											
Mental Illness: Yes or No											
Other:											

Personal/Medical History Comments

What I feel is important for you to know about me:

What my physician feels is important for you to know:

Physician's Name:

What my specialist feels is important for you to know:

Physician's Name:

Medication Log

Start Date	Finish Date	Medication, Dosage, Frequency, & Route to be Administered	Prescribed By	Prescription Number	Pharmacy Name & Phone

Medication Log

Start Date	Finish Date	Medication, Dosage, Frequency, & Route to be Administered	Prescribed By	Prescription Number	Pharmacy Name & Phone

Problem/Treatment/History Log

Date	Problem= illness, injury, procedure (x-ray/labs), hospitalization (in or out patient or ER visit), or office visit (dental, medical, specialty, therapy)	Attending Physician	Location	Results/Outcomes

Problem/Treatment/History Log

Date	Problem= illness, injury, procedure (x-ray/labs), hospitalization (in or out patient or ER visit), or office visit (dental, medical, specialty, therapy)	Attending Physician	Location	Results/Outcomes