

Personal record of illnesses, treatments and medications of:

Lastname

Firstname

What illnesses and surgeries have you had until today? (in chronological order)

Date

Illnesses/Surgeries

Date

Illnesses/Surgeries

Former and current medications (including over-the-counter drugs and remedies, homeopathy, contraceptives):

Former and current treatments and therapies:

Former or current illnesses in your family: Parents, Grandparents, Great-grandparents, Uncles, Aunts, Siblings and Children. If they don't live anymore, what did they die from? Give particular consideration to the following diseases:

Asthma, Allergies, Hay fever, Epilepsy, Diseases of the Skin, Genital organs, Mind, Heart, Kidneys, Bladder, Rheumatism, Arthrosis, Gout, Varices, Cancer, Leukemia, Goiter, Tumors, Cysts, Myomas, Kidney or Gall stones, Tuberculosis, Diabetes, Miscarriages, Alcohol or other addictions problems, Malformations, etc.

Siblings:

Own children:

**Mother:**

**Father:**

Uncles:

Uncles:

Aunts:

Aunts:

**Grandmother:**

**Grandmother:**

Granduncles/aunts:

Granduncles/aunts:

Grt-grdmother/father:

Grt-grdmother/father:

**Grandfather:**

**Grandfather:**

Granduncles/aunts:

Granduncles/aunts:

Grt-grdmother/father:

Grt-grdmother/father: