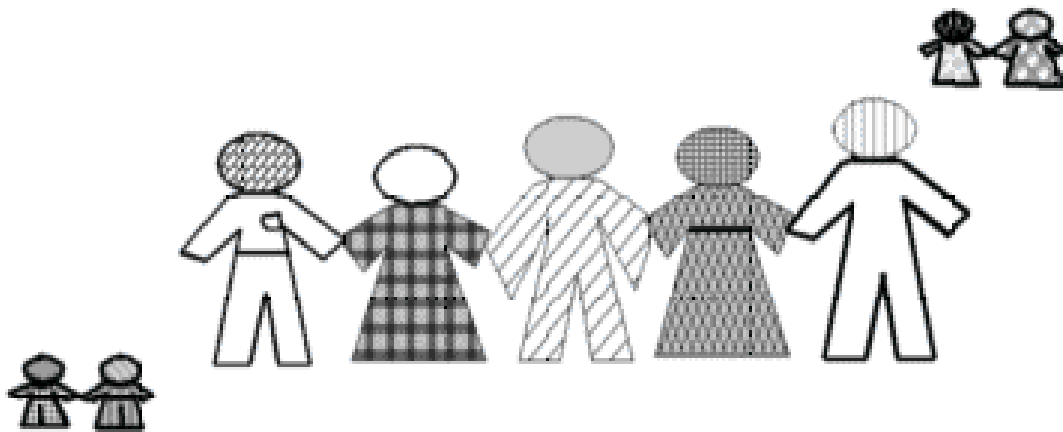


Family Health and



Medical Record

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Introduction

Family Name: _____

Address: _____

Telephone: _____

Can you answer “yes” to all of these questions?

- Do you know the important health and medical events for each of your family members?
- Do you have a complete listing of all the shots your children have received and when they received them?
- Do you accurately remember your own childhood illnesses and injuries?
- Do you know about special health problems of your parents?

If you answered “no” to one or more of the questions, this booklet will be of help to you.

To remember the details about your family’s health, a system of record keeping is helpful. This *Family Health and Medical Record* booklet provides a way for you to keep track of health information about your family.

If families used only one doctor and one dentist, they would each keep a health record for your family. Many families, however, use more than one doctor. Often the children have a pediatrician and the mother, a gynecologist. Perhaps there is a different doctor for the father. This same family might also use more than one dentist or a dentist and an orthodontist. In cases like this, one way to have a single health record for the entire family is to keep it yourself.

Families without a health record face a problem when they move. They have no health records for a new doctor, dentist, or for their children when they enter their new school.

In addition to the value of keeping a family health record for filling out applications for school, jobs, and insurance, such a record has other important advantages. Your health record or this *Family Health and Medical Record* may spare you the expense of copying records of past medical tests and procedures. It will help a new doctor develop health histories for your family members. It can also give information that may help you get faster and more accurate health and medical care.

If you have children, a health record can improve your effectiveness as a parent. A health record will provide you more information about your child so when a need arises you will be better able to get help. In an emergency, it can tell the doctor about what medications your child is allergic to, or how long ago your child had a tetanus shot. In later life, your child will have an accurate record of injuries, illnesses, and other events that they otherwise might have forgotten.

How you use the *Family Health and Medical Record* will determine its real value. When a family member visits a doctor or dentist, make sure they take this booklet with them. This will help keep the record accurate and up-to-date.

Keep this booklet in a safe and handy place. It will be a useful and valuable record for many years.

Health Care Providers

Providers	Address	Telephone
Doctors:		
Dentist/Orthodontist:		
Hospital/Clinic:		
Others:		

Health Insurance Policies

Person Insured	Company	Policy Number

Your Family Health History

Names of family members. Include your mother, her mother, her father, her brothers and sisters, and other family members who have had serious illnesses (aunts, uncles, great-grandparents, etc.)	Date of birth	Serious illnesses (include illnesses such as cancer, arthritis, heart disease, diabetes, and high blood pressure, or mental illness)	If deceased, list cause and age at death

Names of family members. Include your father, his mother, his father, his brothers and sisters, and other family members who have had serious illnesses (aunts, uncles, great-grandparents, etc.)	Date of birth	Serious illnesses (include illnesses such as cancer, arthritis, heart disease, diabetes, and high blood pressure, or mental illness)	If deceased, list cause and age at death

Include **only** family members who are blood relatives.

Spouse's Family Health History

Names of family members. Include your spouse's mother, her mother, her father, her brothers and sisters, and other family members who have had serious illnesses (aunts, uncles, great-grandparents, etc.)	Date of birth	Serious illnesses (include illnesses such as cancer, arthritis, heart disease, diabetes, and high blood pressure, or mental illness)	If deceased, list cause and age at death

Names of family members. Include your spouse's father, his mother, his father, his brothers and sisters, and other family members who have had serious illnesses (aunts, uncles, great-grandparents, etc.)	Date of birth	Serious illnesses (include illnesses such as cancer, arthritis, heart disease, diabetes, and high blood pressure, or mental illness)	If deceased, list cause and age at death

Include **only** family members who are blood relatives.

Adult Health Information

Name	Date	Height/ Weight	Blood Pressure	Mammogram /Pap Smear	Prostate Exam (PSA)/ Rectal Exam (DRE)	Cholesterol Level				Blood Type
						HDL	LDL	TRI	Total	

Adult Immunization Record

Name: _____

Write date of shot in the box under each person's name; indicate any negative reactions.

Pneumococcal Vaccine	A one time pneumonia shot to be given to individuals age 65 or older, and others at high risk				
Tetanus	A tetanus booster should be given to adults every 10 years.				
Influenza	An influenza (flu) shot should be given once a year for people over 65, and anyone with chronic respiratory problems				

Children's Birth Information

Name	Birth Date	Sex M/F	Birth Weight	Blood Type RH Factor	Where Born	Doctor	Other Information

Children's Growth Information

Name	Date	Height/Weight	Name	Date	Height/Weight

Childhood Immunization Record

Name: _____

Write date of shot in the box under each person's name; indicate any negative reactions.

Hepatitis B	2 months				
	4 months				
	8 months				
	Catch-up vaccine 11 to 12 years				
Haemophilus Influenza Type b (Hib)	2 months				
	4 months				
	6 months				
	12 to 15 months				
Polio	2 months				
	4 months				
	6 to 18 months				
	4 to 6 years				
Diphtheria, Tetanus, Pertussis (DTaP)	2 months				
	4 months				
	6 months				
	15 to 18 months				
	4 to 6 years				
Tetanus, Diphtheria (Td)	11 to 18 years				
Measles, mumps Rubella (MMR)	12 to 15 months				
	4 to 6 years				
	Catch-up vaccine 11 to 12 years				
Varicella (Var) (Chicken Pox)	12 to 18 months				
	Catch-up vaccine 11 to 12 years				
Pneumococcal Conjugate (PCV)	2 months				
	4 months				
	6 months				
	12 to 15 months				

Childhood Diseases

Include diphtheria, whooping cough (pertussis), tetanus, polio, measles, mumps,
German measles (rubella), Haemophilus influenza type b, and hepatitis b

Name	Disease	Date	Disease	Date	Disease	Date

Major Illness or Surgery

(such as pneumonia, hepatitis, cancer, or heart disease;
operations like a hysterectomy or gall bladder removal)

Family Member	Date	Name of Illness/Type of Surgery	Doctor

Accidental Injury Record

Family Member	Date	Type of Injury	Doctor	Office/Clinic/Hospital

Allergy/Sensitivity Record

(List causes like pollen, dust, foods, medicine, and insect stings or bites.)

Family Member	Cause of Sensitivity/Allergic Reaction	Instructions/Medication

Medical and Dental Checkups

Family Member	Date	Type of Exam		Name of Dentist/Doctor	Findings, Results, and Instructions
		Medical	Dental		



Medications

Family Member	Date of Prescription	Name of Medication	Prescribing Doctor	Noted Side Effects

Questions I Want to Ask the Doctor

(when I am in the doctor's office or when I am ill)

Date	My Question	Doctor's Answer/Comments/Advice

Questions I Want to Ask the Doctor

(when I am in the doctor's office or when I am ill)

Date	My Question	Doctor's Answer/Comments/Advice

Notes

Notes