Pulmonary and Medicine Associates, PLLC 27472 Schoenherr, Suite 100, Warren MI 48044 Phone: 586-751-8844

Family History- fill in health information about your immediate family.

Relation	Age	State of Health	Age of Death	Cause of Death

Check ☑ if your blood relatives had any of the following:

Disease	Relationship to You		Disease	Relationship to You
☐Arthritis, Gout			☐Heart Disease, Strokes	
☐Asthma, Hay Fever			☐High Blood Pressure	
☐Cancer			☐Kidney Disease	
☐Chemical Dependency			☐Tuberculosis	
☐Diabetes			☐Other	

**********Hospitalizations**********

Year	Hospital	Reason for Hospitalization and Outcome

Year	Serious Illness	Outcome

**********Occupational**********

Current Occupation: _____

Check ☑ if your work exposes you to: ☐Stress ☐Heavy Lifting ☐Hazardous Substances

☐Other:_____

Work Related Illness/ Injury:_____

Have you ever had a blood transfusion? ☐Yes ☐No If Yes, pleas give approximate dates _____

Health Habits:

Check ☑ which you use and how much you use:

☐Caffeine	Frequency of use:
☐Tobacco	Frequency of use:
☐Street Drugs	Frequency of use:
☐Other	Frequency of use:

Pregnancies:

How Many Pregnancies? How many children? Complications?

To the best of my knowledge, the above information is complete and correct. I understand that it is may responsibility to inform my doctor if I, or my minor child, ever have a change in health.

_____ _____

Signature of Patient, Parent, Guardian or Personal Representative Date

_____ _____

Please Print name of Patient, Parent, Guardian or Personal Representative Relationship to Patient

_____ _____

Reviewed By Date