

MINISTRY DEVELOPMENT SERVICES
6100 Sardis Road
Charlotte, NC 28270

HEALTH HISTORY
High School/College Student

Information to be Furnished by the Client

Name _____ Birthdate _____ Address _____

Occupation _____

I. FAMILY HISTORY:

	<u>Age</u>	<u>Living</u> <u>Health</u>	<u>Deceased</u> <u>Age at Death</u>	<u>Cause of Death</u>
Father	—	—	—	_____
Mother	—	—	—	_____
Brothers (B)	—	—	—	_____
and	—	—	—	_____
Sisters (S)	—	—	—	_____
	—	—	—	_____

If there is a family history of any of the following, please indicate how that person is related to you.

	<u>Relationship</u>		<u>Relationship</u>
Cancer	_____	High Blood Pressure	_____
Diabetes	_____	Heart Disease	_____
Kidney Disease	_____		

II. HEALTH HISTORY:

1. Operations, hospitalizations (type and date) _____

2. Other illnesses (nature and date) _____

3. Have you consulted a physician within the past five years? If so, when and for what reason? _____

4. Have you ever consulted a psychiatrist, psychologist, or counselor? If so, when and for what reason? _____

5. Any prescribed medications and condition for which prescribed _____

