NEWTOWN INTERNAL MEDICINE
A Functional and Holistic Approach

FAMILY HISTORY FORM

Mother: ○ Living, age: _____ ○ Deceased. if deceased age at death: _____

Does/did she have:
○ Diabetes
○ Cancer
○ Hypertension
○ Heart Attack
○ Congestive Heart Failure
○ High Blood Pressure
○ Accident
○ Other _____

Father: ○ Living, age: _____ ○ Deceased. if deceased age at death: _____

Does/did he have:
○ Diabetes
○ Cancer
○ Hypertension
○ Heart Attack
○ Congestive Heart Failure
○ High Blood Pressure
○ Accident
○ Other _____

Siblings - how many:

Sisters:
○ None
○ 1
○ 2
○ 3
○ 4 or more

Brothers:
○ None
○ 1
○ 2
○ 3
○ 4 or more

Do/did any of them have:
○ Diabetes
○ Cancer
○ Hypertension
○ Heart Attack
○ Congestive Heart Failure
○ High Blood Pressure
○ Accident
○ Other _____

Children - how many:

Daughters:
○ None
○ 1
○ 2
○ 3
○ 4 or more

Sons:
○ None
○ 1
○ 2
○ 3
○ 4 or more

Do/did any of them have:
○ Diabetes
○ Cancer
○ Hypertension
○ Heart Attack
○ Congestive Heart Failure
○ High Blood Pressure
○ Accident
○ Other _____

For Women:

Do You menstruate? ○ Yes ○ No, at what age did you go thru menopause? _____

How many pregnancies have you had? ○ None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 or more

Any complications during pregnancy or delivery? _____

Do you use birth control? ○ No ○ Yes, what kind: ○ Pill ○ Barrier ○ Other _____

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