Section 2: Health History & Lab Results

In this section:

- Patient Medical History
- Lab Results

How to use this section:

- Complete the Patient Medical History form and keep it in the binder.
- Use this information when visiting a new doctor or if a caregiver must take the patient to the Emergency Department.
- Print Lab Results from health care providers and keep them here.
- Keep vaccinations records here. These might include flu, pneumonia, or shingles vaccinations.

Notes:
Patient Medical History

Name: _________________________________ Date of Birth: ____________________

Address: __________________________________________________________________________

Allergies (medication, food, environment): _____________________________________________
__________________________________________________________________________________

Current Medical Condition: (pacemaker, diabetes, etc.): _______________________________
__________________________________________________________________________________

Smoker: Yes No How long: _____________ Quit date: _________________

Primary Care Physician: ______________________________________________________________
Address: ________________________________________ Phone: _____________________________
__________________________________________________________________________________
Fax: __________________________

Family Members and/or Primary Caregivers to Contact in Case of Emergency:

<table>
<thead>
<tr>
<th>Name and Relationship</th>
<th>Phone Number(s)</th>
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List of Surgeries or Procedures

<table>
<thead>
<tr>
<th>List of Surgeries or Procedures</th>
<th>Physician</th>
<th>Hospital/Clinic</th>
<th>Date</th>
<th>Complications?</th>
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</thead>
<tbody>
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www.amyloidosis.org
**Immunizations:** Check or date all that apply

- Tetanus, diphtheria, pertussis (Td/Tdap)
- Varicella (chicken pox)
- Zoster (shingles)
- Human papillomavirus (HPV)
- Influenza
- Measles, mumps, rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Hepatitis A
- Hepatitis B

**Preventative Screenings:** Check or date all that apply

- A1C / Blood sugar
- Cholesterol
- Colonoscopy/colon cancer
- Mammogram
- Pap Smear
- Bone density
- Prostate screening
- PSA
- Testicular cancer
- Eye Exam
- Dental Exam
- Hearing test

**Family History:** List any diseases, cancer, diabetes, high blood pressure, etc.

<table>
<thead>
<tr>
<th>Relative</th>
<th>Sex</th>
<th>Age</th>
<th>Death</th>
<th>Conditions</th>
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</thead>
<tbody>
<tr>
<td>Mother</td>
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<tr>
<td>Father</td>
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<tr>
<td>Sibling 1</td>
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<td>Sibling 2</td>
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<td>Sibling 3</td>
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<td>Sibling 4</td>
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</table>

**Check all that apply:**

**A history of:**

- Alcohol use ___ # drinks per day
- Autoimmune diseases
- Asthma
- Bleeding disorders
- Blood clots
- Bronchitis
- Cancer (type)
- Chronic cough
- Congestive heart failure
- COPD
- Depression
- Diabetes
- Emphysema
- Headaches
- Heart Attack
- Hepatitis (type)
- Hernia
- High Blood Pressure (Hypertension)
- Illicit drug use (type)
- Immuno-compromising condition
- Lupus
- Mitral valve prolapse (heart murmur)
- Osteoporosis or Osteopenia
- Rheumatoid arthritis
- Seizures
- Shortness of breath
- Stroke
- Thyroid disease
- Tuberculosis

**Allergies or Adverse Reactions:**

- Adhesive tape
- Anesthesia
- Antibiotics
- Aspirin
- Codeine
- Demerol
- Iodine
- Latex
- Morphine
- Penicillin
- Stitches material
- Valium