

# My Health History

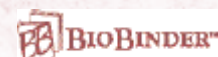
## HEALTH QUESTIONNAIRE

This health questionnaire is designed to help your descendants increase their awareness of important health issues that may run in your family. Hopefully this will empower them to become health advocates for themselves and their loved ones.

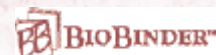
<b>Health Questions</b>	<b>Describe medical attention received (where and when)</b>	<b>Date of Onset</b>
Please list any serious accidents or injuries that you've experienced.		
Please list any serious illnesses that you've experienced.		
Were you ever hospitalized? If so, please list the reason, date and length of stay for each hospitalization.		



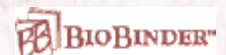
Health Questions	Describe medical attention received (where and when)	Date of Onset
Have you ever had surgery? If so, please list the reasons.		
Do you have any genetic diseases? If so, please list each one, its symptoms, and tell how you discovered that you had this disease?		
Have you ever undergone any genetic testing? If so, what were the results?		
Do you have any history of high/low blood pressure? If so, which one, and what was the highest or lowest number that it reached?		



Health Questions	Describe medical attention received (where and when)	Date of Onset
Do you have any history of high cholesterol? If so, do you know any of your lab values (i.e. total cholesterol, LDL, HDL)? List them if possible.		
Do you have any history of heart disease? If so, please explain.		
Do you have any history of strokes? If so, please explain.		
Do you have any history of cancer? If so, please explain.		



Health Questions	Describe medical attention received (where and when)	Date of Onset
Do you have any history of diabetes? If so, was it juvenile-onset or adult-onset?		
Do you have any history of skin conditions? If so, please explain.		
Have you experienced depression or any other mental health challenges during your lifetime? If so, please explain.		
Do you have any other significant medical conditions?		



Health Questions	Describe medical attention received (where and when)	Date of Onset
<p>Miscellaneous — Please list anything else you think might be of value.</p>		

