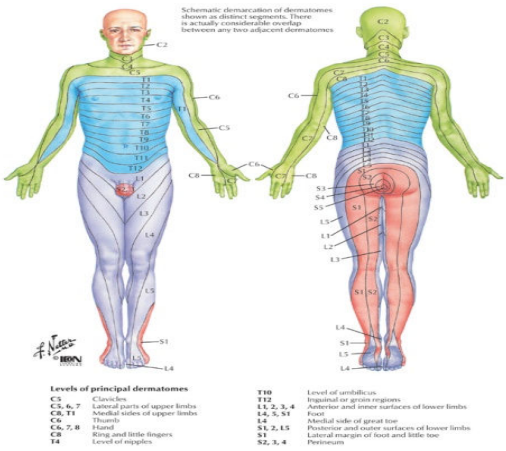
HARBOUR HEALTHCARE
711 Court Street Portsmouth, VA 23704
(PHONE) 866.601.4443 (FACSIMILE) 866.596.6056
www.myharbourhealthcare.com

Name: **Preferred/Nickname:** **Date:**

Please mark with an X all areas affected or you would like to discuss with the doctor, and be AS DESCRIPTIVE AS POSSIBLE (sharp, dull, achy, etc.)



Family History

Key:

M = Mother MGM = Maternal Grandmother PGM = Paternal Grandmother
F = Father MGF = Maternal Grandfather PGF = Paternal Grandfather
B/S =Brother/Sister

	Living (Y/N)	**Age**	**(If Deceased age of passing and reason)**
M			
F			
MGM			
MGF			
PGM			
PGF			
B/S			
B/S			
B/S			

Has anyone in your family been diagnosed with (YES / NO: if yes please explain):

Alzheimer's? _____
Autoimmune disease (specify)? _____
Cancer? _____
Diabetes? _____
Heart Disease? _____
High Blood Pressure? _____
High Cholesterol? _____
Kidney Disease? _____
Mental Issues or Addiction? _____
Stroke? _____
Other not mentioned? _____