

FAMILY MEDICAL HISTORY

Last Name _____ First Name _____ DOB _____

History of:	Yes/No	Relationship
Blindness/Deafness		
Mental Retardation		
Severe Learning Disabilities		
Autism		
Attention Deficit Disorder		
Miscarriages		
Stillbirth		
Infant Death (0-1 years)		
Childhood Death		
Birth Defects:		
Cleft lip\palate		
Spina Bifida		
Heart Defects		
Other:		
Chromosome Abnormality		
Down Syndrome		
Other:		
Muscular Dystrophy		
Cystic Fibrosis		
Sickle Cell Anemia		
Tay-Sachs		
Diabetes (prior to age 40)		
Cancer (prior to age 40)		
Hypertension (prior to age 40)		
Kidney Disease/Failure/Transplant		
Epilepsy/Seizures		
Dementia/Alzheimer's		
Blood Disorders/Anemia		
Thalassemia		
Obesity		
Alcoholism (formally diagnosed)		
Mental Illness		
Bipolar		
Schizophrenia		
Psychosis		
Unusual Behavior Problems		
Uncontrolled Movements		
Parkinson's Disease		
Substance Abuse		

PERSONAL MEDICAL HISTORY

Medications you take regularly:

Name of the Medication	Reason
1. _____	_____
2. _____	_____
3. _____	_____

Have you ever used or do you currently use:

- Marijuana . Yes . No
- Barbiturates . Yes . No
- Amphetamines . Yes . No
- Hallucinogens . Yes . No
- Tranquilizers . Yes . No
- Anti-depressants . Yes . No
- PCP . Yes . No
- Inhalants . Yes . No
- Have you ever used IV drugs? . Yes . No

Name

Signature

Date

Bellingham IVF & Infertility Care, 2980 Squalicum Pkwy, Ste. 103, Bellingham, WA 98225 360-715-8124