## **HEALTH HISTORY / FAMILY DATA**

	HEALIH HIS	JIUNI/F	AIVIIL I DA	IA			
CLIENT'S NAME (LAST, FIRST)			SS#:				
DOB: SEX	X: [ ]M [ ]F	A.D. [ ] Y [ ] N	Тур	Organ D	onor Card	: [ ]Y	[ ]N
Primary Care Practitioner:			Р	ractitioner's Ph:			
Occupation:	Wk	Ph:		Marital Status:	S M	D \	W Sep
			primary language:				
CLIENT'S ADDRESS	APT/FLR	TELEPHONE	DIRECTIONS				
		+					
FAMILY HOUSEHOLD MEM							
NAME (LAST, FIRST)	BIRTH YR RE	BIRTH YR RELATIONSHIP/ROLE		COMMENTS			
EMERGENCY CONTACTS	relatives and others interester	d)					
NAME (LAST, FIRST)		DRESS	TELEPHONE	ı	RELATIO	NSHIP/	ROLE
			(H)				
			(W) (H)				
			(W)				
			(H) (W)				
HEALTH HISTORY (and date of	f illness onset)						
Medical HX:							
Significant Family HX:							
Surgical Hx:							
ADL devices:							
ALLERGIES:	l	f 1!					
COMMUNITY AGENCIES &	CONTACT		COMMENTS				
AGENCY Faith-based care: [ ] Y [ ] N	CONTACT	TELEPHONE	COMMENTS Church or congre	gation:			
Health Insurance:			Policy #	gation.			
neath modrance.			1 Olicy #				
Medical transport:							
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HOSPITALIZATIONS					UPDATI	ED BY	
ADMIT DISCHARGE PR	IMARY DIAGNOSIS				SIGNATL	JRE	
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