AMILY HISTORY Disease	Family Mem	ber Disease	Family Member
Diabetes		Heart Diseas	
Stroke		Arthritis	
Hypertension		Asthma	
Cancer			
	Yes or No If y	yes how many packs per day yes how many drinks per day PCTOR Yes or No	
EAR OF YOUR LAST TET EDICATIONS: List any a	nd all MEDICATIONS y		HOW OFTEN
EDICATIONS: List any a	nd all MEDICATIONS y	ou are currently taken:	HOW OFTEN
EDICATIONS: List any a	nd all MEDICATIONS y	ou are currently taken:	HOW OFTEN
EDICATIONS: List any a	nd all MEDICATIONS y	ou are currently taken:	HOW OFTEN
DICATIONS: List any a	nd all MEDICATIONS y	ou are currently taken:	HOW OFTEN