FAMILY HISTORY FORM

Complete this form online and print. Bring it or fax it to the office.

Adult & Pediatric Allergy of Northern Virginia
100 Elden Street, Suite 10
Herndon, VA 20170
Fax (703) 478-6612

FAMILY HISTORY (Fill in health information about your family)

Relation	Age	State of Health	Age at Death	Cause of Death
Father				
Mother				
Brothers				
Sisters				

Check if your blood relative had any of the following:		
	Disease	Relationship to you
☐	Asthma, hay fever	
☐	Cancer	
☐	Chemical Dependency	
☐	Diabetes	
☐	Heart Disease	
☐	High Blood Pressure	
☐	Kidney Disease	
☐	Lupus / Rheum.Arthritis	
☐	Pulmonary Disease	
☐	Tuberculosis	
☐	Other	

HOSPITALIZATIONS / SURGERIES

Year	**Reason for Hospitalization**

Patient social history

Marital status: Single ○ Married ○ Separated ○ Divorced ○ Widowed ○
Use of alcohol: Never ○ Rarely ○ Moderate ○ Daily ○
Use of tobacco: Never ○ Previously, but quit ○ Current packs/day__
Use of drugs: Never ○ Type/Frequency _____

Excessive exposure at home or work to: Fumes ☐ Dust ☐ Solvents ☐
Air-borne particles ☐ Smoke ☐

Your occupation _____

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