

# Health & History

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**Family medical history** (please circle the condition if it applies to an immediate blood relative):

- Cancer (if yes, please specify type)
- Diabetes (if yes, please specify type 1 or type 2)
- Heart disease
- High blood pressure
- High cholesterol
- Stroke
- Other:

**Hospital Admissions** (not including pregnancies):

Year	Illness or Surgery
1.	_____
2.	_____
3.	_____