

ACES[®] My Health Story

Immunizations: Check and date all that apply

Tetanus, diphtheria, pertussis (Td/Tdap) _____ Varicella (chicken pox) _____
 Zoster (shingles) _____ Human papillomavirus (HPV) Females only _____
 Measles, mumps, rubella (MMR) _____ Influenza _____ H1N1 _____
 Pneumococcal (pneumonia) _____ Meningococcal (meningitis) _____
 Hepatitis A _____ Hepatitis B _____

Note: Varicella, Zoster, and MMR vaccines are contraindicated for immuno-compromised conditions

Family History: List any diseases, cancer, diabetes, high blood pressure, etc.

Relative	Sex	Age	Death	Conditions
Mother				
Father				
Sibling 1				
Sibling 2				
Sibling 3				
Sibling 4				

Circle any that apply below

Have you had an adverse reaction to:

- Anesthesia
- Antibiotics
- Codeine
- Demerol
- Adhesive tape
- Aspirin
- Sulfur
- Penicillin
- Valium
- Iodine
- Morphine
- Suture material

Do You Take:

- Blood pressure medication
- Cardiac medication
- Diet pills
- Diuretics
- Vitamins
- Herbal supplements
- Tranquilizers
- Anti-depressants
- Pain medications
- Hormone replacement therapy
- Aspirin or other anti-inflammatory drug
- Steroids

Do you have a history of:

- Asthma
- Bleeding disorders
- Seizures, epilepsy
- Hernia
- Shortness of breath
- Bronchitis, chronic cough
- Tuberculosis
- Depression
- Rheumatoid arthritis
- Lupus or autoimmune disease
- Hypertension
- Blood clots
- Diabetes
- Headaches
- Blood pressure medication
- Cardiac medication
- Thyroid disease
- Hepatitis A B C
- Mitral valve prolapse (heart murmur)
- Drug abuse
- Alcoholism
- Immuno-compromising condition
- Osteoporosis or Osteopenia

Cancer History:

- Father
- Mother
- Siblings
- Other relatives