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| Introduction                       | 1  |
|------------------------------------|----|
|                                    |    |
| Health Care Providers              |    |
| Health Insurance Policies          | 4  |
| Your Family Health History         | 5  |
| Children's Birth Information       | 7  |
| Children's Growth Record           | 8  |
| Adult Weight Record                | 9  |
| Childhood Diseases                 | 10 |
| Immunization Record                | 11 |
| Major Illness or Surgery           | 12 |
| Accidental Injury Record           |    |
| Allergy/Sensitivity Record         | 14 |
| Medical and Dental Checkups        | 15 |
| X-ray Examinations                 | 17 |
| Questions I Want to Ask the Doctor | 19 |
|                                    |    |

| Family name              |  |
|--------------------------|--|
| Address                  |  |
|                          |  |
| Accidental Injury Record |  |
| Telephone                |  |

Can you answer all these questions "yes"?

. Do you know the important health and medical events for each of your family members?

• Do you have a complete listing of all the shots and x-rays your children have received, and when they received them?

. Do you accurately remember your own childhood illnesses and injuries?

. Do you know about special health problems of your parents?

If you said "no" to one or more of the questions, this booklet will be of help to you.

To remember the details about your family's health, a system of record keeping is helpful, if not nece try. This Family Health and Medical Record booklet process a way for you to keep track of health information about your family.

If families used only one doctor and one dentist, they would each keep a health record for your family. However, many families use more than one doctor. Often the children have a pediatrician and the mother, a gynecologist. Perhaps there is a different doctor for the father. And this same family might see more than one dentist. In cases like this, one way to have a single health record for the entire family is to keep it yourself.

Families without a health record face a problem when they move. They have no health records for a new doctor, dentist, or for the children when they enter their new school.

In addition to the value of keeping a family health record for filling out applications for school, jobs, and insurance, such a record has other important advantages.

Your health record or this *Family Health and Medical Record* may spare you the expense of copying past medical tests and procedures. It will help a new doctor develop health histories for your family members. And it will give information that may help you get faster and more accurate health and medical care.

If you have children, a health record can improve your effectiveness as a parent. A health record will provide you more information about your child so when a need arises you will be better able to get help. In an emergency it can tell the doctor about your children's allergies to medicine, or how recently they had a tetanus shot. And in later life, your children will have an accurate record of injuries, illnesses, and other events that they otherwise might have forgotten.

How you use the *Family Health and Medical Record* will determine its real value. When a family member visits a doctor or dentist, make sure they take this booklet with them. This will help keep the record accurate and up-to-date.

Keep this booklet in a safe and handy place. It will be a useful and valuable record for many years.

| Providers   | Address  | Telephone  |
|---|--|--|
| Doctors:  | ercy it can tell the doctor about your children's all<br>a tellanus shot. And in later life, work children will be | er jies to medicine. O<br>w an ecologis record     |
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| Hospital/clinic:  | one toctor and one dentist, they would each keep a<br>termines see more than one doctor. Otten the childre         | ð saltti recerti for you<br>er frave a pedharricia |
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| Her brothers and eletere |        |   |

Her father

## Health Insurance Policies

| Person insured | Company          |   | Policy number   |
|----------------|------------------|---|-----------------|
| tamily members | piup             | mental Hindoes)   | of death        |
|                |                  | ertruitis, heart disease, sickle<br>cell disease, disbutes, and | l decessed. Its |
|                |                  | Serious linesses (include                                       |                 |
| ion totals.    | 94 (10. 955 Cu.) |   |                 |

| Your Family Health          | History          |  |   |  |  |
|-----------------------------|------------------|--|---|--|--|
| Names of<br>family members* | Date of<br>birth | Serious illnesses (Include<br>illnesses such as cancer,<br>arthritis, heart disease, sickle<br>cell disease, diabetes, and<br>high blood pressure, or<br>mental illnesses) | If deceased, lis<br>cause and age<br>at death |  |  |
| Mother                      | ompany           |  | Policy number                                 |  |  |
| Her mother                  |                  |  |   |  |  |
| Her father                  |                  |  |   |  |  |
| Her brothers and sisters    |                  |  |   |  |  |
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| Father                      |                  |  |   |  |  |
| His mother                  |                  |  |   |  |  |
| His father                  |                  |  |   |  |  |
| His brothers and sisters    |                  |  |   |  |  |
|                             |                  |  |   |  |  |
| Name Q.5                    | 29 . 28          | किंग्र born Doctor   | NIGHERIOU                                     |  |  |

| Children's Birth Information |                  |                 |                 |                          |               |        |                      |  |
|------------------------------|------------------|-----------------|-----------------|--------------------------|---------------|--------|----------------------|--|
| Name                         | Date of<br>birth | Sex<br>(M or F) | Birth<br>weight | Blood type/<br>RH factor | Where<br>born | Doctor | Other<br>information |  |
|                              |                  |                 |                 |                          |               |        |                      |  |
| the brothers and sister      |                  |                 |                 |                          |               |        |                      |  |
| tris tathor                  |                  |                 |                 |                          |               |        |                      |  |
| His mother                   |                  |                 |                 |                          |               |        |                      |  |
| Father                       |                  |                 |                 |                          |               |        |                      |  |
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| Chilter's Growth Record (Include month at Jear in date column.) |          |        |        |         |        |          |       |         |         |
|---|----------|--------|--------|---------|--------|----------|-------|---------|---------|
| Name  | Date     | Height | Weight | Date    | Height | Weight   | Date  | Height  | Weight  |
|   |          |        |        |         |        |          |       |         |         |
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| Adult Weight Record (Enter month and year of each weighing.) |       |           |        |           |        |            |          |          |      |        |
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| Name   | Date  | Weight    | Date   | Weight    | Date   | Weight     | Date     | Weight   | Date | Weight |
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| Name                           | Date | Disease  | Date | Disease | Date | Disease | Date   | Disease | Date | Disease |
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| (Enperer)<br>Geliefer Westerst |      |          |      |         |      |         |        |         |      |         |
| Measles (rubeola)              |      |          |      |         |      |         |        |         |      |         |
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|                                |      | Children |      |         |      |         | napisu | a i waa |      | (1981.  |
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Immunization Record (Enter month, day, and year of completed series, boosters, and single immunizations.) Wife Other Husband Children Name Name Name Immunization Name DTP completed boosters Polio completed boosters Measles (rubeola) German measles (rubella) Mumps **Tuberculin test** Teta s/diphtheria toxc

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| Major Illness or Surgery (Such as pneumonia, hepatitis, cancer, or heart disease; operations like hysterectomy or gall bladder removal.) |          |                                 |                           |
|--|----------|---------------------------------|---------------------------|
| Family member  | Date     | Name of illness/type of surgery | Doctor                    |
|  |          |                                 |                           |
|  |          |                                 |                           |
|  |          |                                 |                           |
| <b>Femily</b> метрег   | Date     | Type of injury Doctor           | Ornoe/elinio/<br>hospital |
|  | no A set | 2010                            | terre enquer encire       |

Accidental Injury Record (Includes things like broken bones, serious cuts, and burns.)

Family member
Date
Type of injury
Doctor
Office/clinic/ hospital

Image: Image:

| Family member | Cause of sensitivity/allergic reaction | Instructions/<br>medication            |
|---------------|--|--|
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| Family member | Date Dental Dental dentiel/doctor      | Findings, results,<br>and instructions |
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| amily member   | Date  |            | exam (√) | Name of                               | Findings, results and instructions |
|----------------|-------|------------|----------|---------------------------------------|------------------------------------|
|                |       | Medical    | Dental   | dentist/doctor                        | and instructions                   |
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| X-ray Examinat     | lions           |                 |                     |                                |
|--------------------|-----------------|-----------------|---------------------|--------------------------------|
| Family<br>member   | Date of<br>exam | Type of<br>exam | Referring<br>doctor | Address where<br>x-ray is kept |
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TEXAS A&M UNIVERSITY

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