HEALTH HISTORY (YOU) **Do you currently have, or have you had in the past, any of the following?**

Condition	Have	Had	Your Notes:
Autoimmune disorders (lupus, celiac disease, rheumatoid arthritis)	☐ Have	☐ Had	
Cardiac arrhythmias (irregular heart beat)	☐ Have	☐ Had	
Myocardial infarction (heart attack)	☐ Have	☐ Had	
Coronary artery disease (bypass surgery, stent placements, angioplasty)	☐ Have	☐ Had	
Cardiomyopathy, Heart failure	☐ Have	☐ Had	
Stroke	☐ Have	☐ Had	
High blood pressure	☐ Have	☐ Had	
High cholesterol	☐ Have	☐ Had	
Diabetes	☐ Have	☐ Had	
Chronic kidney disease	☐ Have	☐ Had	
Macular degeneration	☐ Have	☐ Had	
Chronic bronchitis	☐ Have	☐ Had	
Chronic obstructive pulmonary disease, Emphysema	☐ Have	☐ Had	
Blood clotting disorders	☐ Have	☐ Had	
Crohn's disease, Ulcerative colitis	☐ Have	☐ Had	
Osteoporosis	☐ Have	☐ Had	
Osteoarthritis	☐ Have	☐ Had	
Liver disease, cirrhosis	☐ Have	☐ Had	
Alzheimer's disease	☐ Have	☐ Had	
Parkinson's disease	☐ Have	☐ Had	
Depression	☐ Have	☐ Had	
Anxiety	☐ Have	☐ Had	
Seizure disorder	☐ Have	☐ Had	
Migraines	☐ Have	☐ Had	
Learning disabilities	☐ Have	☐ Had	
Birth defects	☐ Have	☐ Had	
Multiple miscarriages	☐ Have	☐ Had	

Cancer Checklist

brain ☐
breast ☐
colon and rectum ☐
esophageal ☐
leukemia ☐
liver ☐
lung, tracheal, bronchus ☐
kidney ☐
non-Hodgkin lymphoma ☐
ovarian ☐
pancreatic ☐
prostate ☐
uterine ☐
other______________________________

longevity blog

HEALTH HISTORY (FAMILY)	**Include:** mother, father, brothers, sisters, children grandmothers, grandfathers, and aunts/uncles related to your parents		
			Your Notes:
Autoimmune disorders (lupus, celiac disease, rheumatoid arthritis)	☐ No	☐ Yes	
Cardiac arrhythmias (irregular heart beat)	☐ No	☐ Yes	
Myocardial infarction (heart attack)	☐ No	☐ Yes	
Coronary artery disease (bypass surgery, stent placements, angioplasty)	☐ No	☐ Yes	
Cardiomyopathy, Heart failure	☐ No	☐ Yes	
Stroke (hemorrhagic or ischemic), TIA	☐ No	☐ Yes	
Hypertension (high blood pressure)	☐ No	☐ Yes	
Dyslipidemia (high cholesterol)	☐ No	☐ Yes	
Diabetes (Type I or Type II)	☐ No	☐ Yes	
Chronic kidney disease	☐ No	☐ Yes	
Macular degeneration	☐ No	☐ Yes	
Chronic bronchitis	☐ No	☐ Yes	
Chronic obstructive pulmonary disease, Emphysema	☐ No	☐ Yes	
Blood clotting disorders	☐ No	☐ Yes	
Crohn's disease, Ulcerative colitis	☐ No	☐ Yes	
Osteoporosis	☐ No	☐ Yes	
Osteoarthritis	☐ No	☐ Yes	
Liver disease, cirrhosis	☐ No	☐ Yes	
Alzheimer's disease	☐ No	☐ Yes	
Parkinson's disease	☐ No	☐ Yes	
Depression	☐ No	☐ Yes	
Anxiety	☐ No	☐ Yes	
Seizure disorder	☐ No	☐ Yes	
Migraines	☐ No	☐ Yes	
Learning disabilities	☐ No	☐ Yes	
Birth defects	☐ No	☐ Yes	
Multiple miscarriages	☐ No	☐ Yes	

Cancer Checklist

brain ☐	breast ☐
colon and rectum ☐	esophageal ☐
leukemia ☐	liver ☐
lung, tracheal, bronchus ☐	kidney ☐
non-Hodgkin lymphoma ☐	ovarian ☐
pancreatic ☐	prostate ☐
uterine ☐	