



**MY MEDICAL HISTORY**

To help your doctor, please print out this form. Fill in completely and take it to your doctor on your next visit.

Please note in your family tree if your family members have had any of the following conditions which are associated with thyroid disease. People with these conditions may be more at risk for developing thyroid disease:

- Diabetes
- Anemia
- Arthritis
- Other autoimmune disorders
- Pituitary or endocrine diseases

Maternal Grandparent: \_\_\_\_\_  
 Medical History: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Maternal Grandparent: \_\_\_\_\_  
 Medical History: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Paternal Grandparent: \_\_\_\_\_  
 Medical History: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Paternal Grandparent: \_\_\_\_\_  
 Medical History: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent: \_\_\_\_\_  
 Medical History: \_\_\_\_\_  
 \_\_\_\_\_

Parent: \_\_\_\_\_  
 Medical History: \_\_\_\_\_  
 \_\_\_\_\_

My Name: \_\_\_\_\_  
 Medical History: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sibling: \_\_\_\_\_  
 Medical History: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sibling: \_\_\_\_\_  
 Medical History: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sibling: \_\_\_\_\_  
 Medical History: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Child: \_\_\_\_\_  
 Medical History: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Child: \_\_\_\_\_  
 Medical History: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Child: \_\_\_\_\_  
 Medical History: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Child: \_\_\_\_\_  
 Medical History: \_\_\_\_\_  
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