



**VITAMINS/SUPPLEMENTS/OVER THE COUNTER MEDICATIONS**

NAME	BRAND	STRENGTH (SKIP IF MULTIVITAMIN)	FREQUENCY TAKEN	APPROXIMATE START DATE

IMMUNIZATIONS	APPROXIMATE DATE
Influenza (Flu)	
Pneumovax (Pneumonia)	
Zostavax (Shingles)	
Tetanus	

**FAMILY HISTORY**

	ALIVE (Y/N)	MEDICAL CONDITIONS	AGE OF DEATH	CAUSE OF DEATH (IF APPLICABLE)
FATHER				
MOTHER				
<u>SIBLINGS</u>				