

Go Ask Your Mother!

Health Histories Empower Families to Control and Curtail Disease

QUESTIONS TO ASK

Names/contact numbers of medical professionals treating you.

Do you have a good rapport with your doctors? _____

Health insurance carrier name: _____

Policy Number: _____ Phone: _____

Medications currently being taken: _____

Drug allergies: _____

How is your diet? _____

Do you exercise? _____

When did you begin menstruating? _____

How would you like to be cared for if you became seriously ill?

Do you have a health care proxy? _____

Does anyone in the family have access to your health records if it became necessary? _____

Do you or did you ever smoke? _____

Tell us about your family history and dad's family history.

What can we do to help you be healthier? _____

Family Diseases

- Cancer (including type)
- Osteoporosis
- Stroke
- Lupus
- Mental illness, depression, anxiety, or panic attacks
- Obesity
- High blood pressure
- Addictions
- Heart disease
- High or low blood pressure
- Diabetes

Date of last

Pap smear _____

Colonoscopy _____

Dental exam _____

Mammogram _____

Bone density test _____

Lab tests _____

Blood work _____

Surgery _____



Find out more about our hospital at
100 Park Street in Glens Falls
and our 29 regional locations at
www.glensfallshospital.org.