



Vitae Family Care Clinic, LLC
 1355 50th St., Suite 100
 West Des Moines, IA 50266-1617
 Phone (515) 225.3261 | Fax (515) 225.1944

Health History Form

Patient Name: _____ DOB: _____

Surgical History - Please list any previous surgeries and the date of the surgery

Name of Procedure	Date of Procedure

Family History – Please list any current or past known medical conditions, including cause of death if applicable

Paternal Grandfather	
Paternal Grandmother	
Father	
Maternal Grandfather	
Maternal Grandmother	
Mother	
Brothers – if multiple, please specify names	
Sisters – if multiple, please specify names	
Other – aunts, uncles (if multiple, please specify names)	

Current Medications – Please list your current medication name, dosage & instructions **OR** bring your medications