Family Medical History

Name _____ Date _____

Your Family Medical History

Please give us specific information about each family member who is a blood relative. If a family member is adopted, please let us know. Under "Health Conditions" please list all the conditions you included in page one.

Relatives	Name (optional)	If Living		If Deceased	
		Year Of Birth	**Health Conditions?** List as many as possible. If you know the age that the problem began, please put it after the condition. For example; lung cancer (67)	Age at Death	Cause of Death
Your Father					
Father's Brother / Sister (circle one)					
Father's Brother / Sister (circle one)					
Father's Brother / Sister (circle one)					
Father's Brother / Sister (circle one)					
Father's Brother / Sister (circle one)					
Father's Brother / Sister (circle one)					
Father's Father					
Father's Mother					
Your Mother					
Mother's Brother / Sister (circle one)					
Mother's Brother / Sister (circle one)					
Mother's Brother / Sister (circle one)					
Mother's Brother / Sister (circle one)					
Mother's Brother / Sister (circle one)					

(circle one)					
Mother's Brother / Sister (circle one)					
Mother's Father					
Mother's Mother					
Your Brother / Sister (circle one) Full or Half (circle one)					
Your Brother / Sister (circle one) Full or Half (circle one)					
Your Brother / Sister (circle one) Full or Half (circle one)					
Your Brother / Sister (circle one) Full or Half (circle one)					
Your Brother / Sister (circle one) Full or Half (circle one)					
Your Brother / Sister (circle one) Full or Half (circle one)					
Your Son/Daughter (circle one)					
Your Son/Daughter (circle one)					
Your Son/Daughter (circle one)					
Your Son/Daughter (circle one)					
Your Son/Daughter (circle one)					
Your Son/Daughter (circle one)					
Your Partner in having children 1 to ____					
Your Partner in having children ____ to ____					
Your Partner in having children ____ to ____					

List other household members and relationships to you:

ETHNIC HERITAGE: Mark each of the ethnic groups that are part of your family background. You may choose more than one. For example, were your parents, grandparents, or great-grandparents:

- ☐ American Indian/ Native American
- ☐ African-American or African?
- ☐ Northern European or White?
- ☐ Hispanic, Latin American?
- ☐ Asian?
- ☐ Pacific Islander?
- ☐ Amish or Mennonite?
- ☐ Jewish?

- ☐ Northern European or White?
- ☐ Amish or Mennonite?
- ☐ Hispanic, Latin American?
- ☐ Jewish?
- ☐ Mediterranean (from Spain, Portugal, Southern Italy, Turkey, Greece, Middle East, North Africa)