Family health history

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Name ______________________________ Date ____ /____ /____

Instructions: Please list only those relatives related to you by blood. Do not include adopted family members, foster children or family friends. **Half-siblings** are brothers and sisters who have either the same mother or father as you. **First cousins** are the children of your aunts and uncles.

Immediate Family

Your Mother	Male/ Female	Birth Date	Cause of Death	Allergies	Arthritis	Asthma	Birth Defects (e.g. Cleft Lip, Heart Defect)	Cancer	Diabetes	Genetic Donditions (e.g. Cystic Fibrosis)	Hearing Loss	Heart Disease	Mental Illnesses (e.g. Depression, Schizophrenia)	Mental Retardation and/or Learning Problems	Obesity	Seizures	List Any Other Conditions and Give Details For Checked Boxes

Your Father	Male/ Female	Birth Date	Cause of Death	Allergies	Arthritis	Asthma	Birth Defects (e.g. Cleft Lip, Heart Defect)	Cancer	Diabetes	Genetic Donditions (e.g. Cystic Fibrosis)	Hearing Loss	Heart Disease	Mental Illnesses (e.g. Depression, Schizophrenia)	Mental Retardation and/or Learning Problems	Obesity	Seizures	List Any Other Conditions and Give Details For Checked Boxes

Your Brothers & Sisters (Pleast Note Half-Siblings)	Male/ Female	Birth Date	Cause of Death	Allergies	Arthritis	Asthma	Birth Defects (e.g. Cleft Lip, Heart Defect)	Cancer	Diabetes	Genetic Donditions (e.g. Cystic Fibrosis)	Hearing Loss	Heart Disease	Mental Illnesses (e.g. Depression, Schizophrenia)	Mental Retardation and/or Learning Problems	Obesity	Seizures	List Any Other Conditions and Give Details For Checked Boxes

PLEASE REMEMBER TO SHARE THIS INFORMATION WITH YOUR DOCTOR.

Mother's Side of the Family

Your Maternal Grandparents (Your Mother's Parents)	Male/ Female	Birth Date	Cause of Death	Allergies	Arthritis	Asthma	Birth Defects (e.g. Cleft Lip, Heart Defect)	Cancer	Diabetes	Genetic Donditions (e.g. Cystic Fibrosis)	Hearing Loss	Heart Disease	Mental Illnesses (e.g. Depression, Schizophrenia)	Mental Retardation and/or Learning Problems	Obesity	Seizures	List Any Other Conditions and Give Details For Checked Boxes

Your Maternal Aunts & Uncles (Your Mother's Brothers & Sisters)

Your Maternal First Cousins (Your Mother's Nephews & Nieces)

Father's Side of the Family

Your Paternal Grandparents (Your Father's Parents)

Your Paternal Aunts & Uncles (Your Father's Brothers & Sisters)

Your Paternal First Cousins (Your Father's Nephews & Nieces)