

FAMILY HISTORY FORM

PATIENT NAME: _____ DATE OF BIRTH: _____

TODAYS DATE: _____

FAMILY MEMBER:	ALIVE OR DECEASED	DIABETES	HYPERTENSION (HIGH BLOOD PRESSURE)	HEART DISEASE	STROKE	MENTAL ILLNESS	CANCER	CROHN'S DISEASE WITHOUT COMPLICATIONS	OTHER	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN SYSTEM INVOLVEMENT UNSPECIFIED
FATHER	ALIVE / DECEASED	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
MOTHER	ALIVE / DECEASED	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
SIBLINGS	ALIVE / DECEASED	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
PATERNAL(DAD) GRANDFATHER	ALIVE / DECEASED	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
PATERNAL(DAD) GRANDMOTHER	ALIVE / DECEASED	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
MATERNAL(MOM) GRANDFATHER	ALIVE / DECEASED	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
MATERNAL(MOM) GRANDMOTHER	ALIVE / DECEASED	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO

HOW MANY SIBLINGS DOES PATIENT HAVE?
 BROTHERS _____ HEALTHY ? YES OR NO
 SISTERS _____ HEALTHY? YES OR NO