

CONFIDENTIAL

FAMILY HISTORY

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please record any illnesses that family members, living or deceased, have suffered from.

Examples: diabetes, asthma, ear, nose and throat problems, tuberculosis, emphysema and other lung disorders, eczema and other skin conditions, cancer, rheumatism and arthritis, digestive and bowel problems, kidney disorders, heart conditions, dental problems, anxiety disorders, neuroses, dementia, mental disorders, sexually transmitted diseases, reproductive/pregnancy-related conditions.

SIBLINGS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MOTHER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FATHER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MATERNAL  
G.M. \_\_\_\_\_  
\_\_\_\_\_

MATERNAL  
G.F. \_\_\_\_\_  
\_\_\_\_\_

PATERNAL  
G.M. \_\_\_\_\_  
\_\_\_\_\_

PATERNAL  
G.F. \_\_\_\_\_  
\_\_\_\_\_