## Family Medical History

Name	_ DOB Place of		Birth	
Occupation	Race/Nationality		Smoker? Y N	
Weight Height	Marital St	atus	Religion	
Known Health Problems				
DIET consists non-week				
DIET - servings per week  Fats Meats Fruit	Vegetables	Coffeine	Artificial Sweataner	
Hours of sleep per night				
FAMILY				
Father DOB	Place of Birth		the second secon	
Occupation	Race _		Overweight? Y N	
Known Health Problems				
Cause of Death				
Mother DOB	Place of Birth			
Occupation	Race		Overweight? Y N	
Known Health Problems				
Cause of Death				
Maternal Grandmother DOB	Pl:	ace of Birth		
Occupation	Race		Overweight? Y N	
Known Health Problems				
Cause of Death			Death	
Maternal Grandfather DOB	Plac	e of Birth		
Occupation				
Known Health Problems				
Cause of Death				

		Place of Birth				
-		Race				
		Ag				
			Place of Birth			
		Race				
Cause of Death		Ag	e at Death			
Sibling	DOR	Place of Birth				
_		Race				
Known Health F	Problems					
Cause of Death Age at Death						
Sibling	DOB	Place of Birth				
Occupation		Race	Overweight? Y N			
Known Health F	Problems					
Cause of Death		Age	e at Death			
Sibling	DOB	Place of Birth				
Occupation		Race	Overweight? Y N			
		Ago	e at Death			
Sibling	DOB	Place of Birth				
Occupation		Race	Overweight? Y N			
Known Health P						
Cause of Death		Αgε	e at Death			

Maternal Sibling DOB _	Place of Birth			
Occupation	Race	Overweight? Y N		
Known Health Problems				
Cause of Death	Age	e at Death		
Maternal Sibling DOB	Place of Birth			
Occupation	Race	Overweight? Y N		
Known Health Problems				
Cause of Death				
Paternal Sibling DOB	Place of Birth			
Occupation				
Known Health Problems				
		Age at Death		
Paternal Sibling DOB	Place of Birth _			
Occupation	Race	Overweight? Y N		
Known Health Problems				
		Age at Death		
OTHER BIOLOGICAL RELATIVES:	:			
DOB	Place of Birth			
relationship Occupation	Race	Overweight? Y N		
Known Health Problems		_		
INIOWII IIOAIII I IOUIOIIIS				
Cause of Death	Age	at Death		

	. DOB	Place of Birth		
relationship Occupation		Race	Overweight? Y N	
_		Racc	_	
Enowii Health Houlding _				
		Age at		
	DOB	Place of Birth		
relationship		Race	Overweight? V N	
_		Race	_	
		Age at		
	DOB	Place of Birth		
relationship Occupation		Race	Overweight? V N	
_			_	
		Age at 1		
	DOB	Place of Birth		
relationship		Race	Overweight? Y N	
-			_	
		Age at I		
	DOB	Place of Birth		
relationship				
		Race	_	
MIOWII HEAIIN PROBLEMS				
Cause of Death		Age at Death		

List the number of relatives who suffer any of the following:

	Self	Parents	Grandparents	Siblings	Parental Siblings	Total
Hypertension						
Cancer (specify type)						
Hysterectomy						
Miscarriages						
Alzheimer's						
Baldness						
Hearing loss						
Cataract						
Glaucoma						
Blindness			· · · · · · · · · · · · · · · · · · ·			
Hyperthyroidism _						
Hypothyroidism _						
Non-Insulin Depende Diabetes Mellitus _	ent					
Insulin Dependent Diabetes Mellitus						
Substance Abuse _						
Multiple Sclerosis _						
Cerebral Palsy _						
Down's Syndrome _						
Epilepsy _						
Parkinson's Disease						
Migraine Headaches						
Coronary Artery Disease						
Arteriosclerosis _						

	Self	Parents	Grandparents	Siblings	Parental Siblings	Total
Myocardial Infarction	1					
Heart Valve Problem	s					
Peripheral Vascular Disease						
High Cholesterol						
Rheumatoid Arthritis						
Chronic Bronchitis						
Emphysema						
Anemia (specify type)		·				
Cystic Fibrosis						
Cleft lip/ Cleft palate						
Diverticulosis						
Gastritis						
Gastric Ulcers		, managara		API-76.AV		
Kidney failure						
Chronic Kidney Disease						
Gigantism						
Goiter				same		
Addison's Disease						
Cushing's Syndrome						4.100
Osteoporosis						
Scoliosis						