

Family Medical History

Name _____ DOB _____ Place of Birth _____

Occupation _____ Race/Nationality _____ Smoker? Y N

Weight _____ Height _____ Marital Status _____ Religion _____

Known Health Problems _____

DIET - servings per week

Fats _____ Meats _____ Fruit _____ Vegetables _____ Caffeine _____ Artificial Sweetener _____

Hours of sleep per night _____ Hours of work per week _____

FAMILY

Father DOB _____ Place of Birth _____

Occupation _____ Race _____ Overweight? Y N

Known Health Problems _____

Cause of Death _____ Age at Death _____

Mother DOB _____ Place of Birth _____

Occupation _____ Race _____ Overweight? Y N

Known Health Problems _____

Cause of Death _____ Age at Death _____

Maternal Grandmother DOB _____ Place of Birth _____

Occupation _____ Race _____ Overweight? Y N

Known Health Problems _____

Cause of Death _____ Age at Death _____

Maternal Grandfather DOB _____ Place of Birth _____

Occupation _____ Race _____ Overweight? Y N

Known Health Problems _____

Cause of Death _____ Age at Death _____

Paternal Grandmother DOB _____ Place of Birth _____
Occupation _____ Race _____ Overweight? Y N
Known Health Problems _____

Cause of Death _____ Age at Death _____

Paternal Grandfather DOB _____ Place of Birth _____
Occupation _____ Race _____ Overweight? Y N
Known Health Problems _____

Cause of Death _____ Age at Death _____

Sibling DOB _____ Place of Birth _____
Occupation _____ Race _____ Overweight? Y N
Known Health Problems _____

Cause of Death _____ Age at Death _____

Sibling DOB _____ Place of Birth _____
Occupation _____ Race _____ Overweight? Y N
Known Health Problems _____

Cause of Death _____ Age at Death _____

Sibling DOB _____ Place of Birth _____
Occupation _____ Race _____ Overweight? Y N
Known Health Problems _____

Cause of Death _____ Age at Death _____

Sibling DOB _____ Place of Birth _____
Occupation _____ Race _____ Overweight? Y N
Known Health Problems _____

Cause of Death _____ Age at Death _____

Maternal Sibling DOB _____ Place of Birth _____
Occupation _____ Race _____ Overweight? Y N
Known Health Problems _____

Cause of Death _____ Age at Death _____

Maternal Sibling DOB _____ Place of Birth _____
Occupation _____ Race _____ Overweight? Y N
Known Health Problems _____

Cause of Death _____ Age at Death _____

Paternal Sibling DOB _____ Place of Birth _____
Occupation _____ Race _____ Overweight? Y N
Known Health Problems _____

Cause of Death _____ Age at Death _____

Paternal Sibling DOB _____ Place of Birth _____
Occupation _____ Race _____ Overweight? Y N
Known Health Problems _____

Cause of Death _____ Age at Death _____

OTHER BIOLOGICAL RELATIVES:

_____ relationship DOB _____ Place of Birth _____
Occupation _____ Race _____ Overweight? Y N
Known Health Problems _____

Cause of Death _____ Age at Death _____

_____ relationship DOB _____ Place of Birth _____
Occupation _____ Race _____ Overweight? Y N
Known Health Problems _____

Cause of Death _____ Age at Death _____

_____ relationship DOB _____ Place of Birth _____
Occupation _____ Race _____ Overweight? Y N
Known Health Problems _____

Cause of Death _____ Age at Death _____

_____ relationship DOB _____ Place of Birth _____
Occupation _____ Race _____ Overweight? Y N
Known Health Problems _____

Cause of Death _____ Age at Death _____

_____ relationship DOB _____ Place of Birth _____
Occupation _____ Race _____ Overweight? Y N
Known Health Problems _____

Cause of Death _____ Age at Death _____

_____ relationship DOB _____ Place of Birth _____
Occupation _____ Race _____ Overweight? Y N
Known Health 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						
Miscariages						
Alzheimer's						
Baldness						
Hearing loss						
Cataract						
Glaucoma						
Blindness						
Hyperthyroidism						
Hypothyroidism						
Non-Insulin Dependent Diabetes Mellitus						
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						
Heart Valve Problems						
Peripheral Vascular Disease						
High Cholesterol						
Rheumatoid Arthritis						
Chronic Bronchitis						
Emphysema						
Anemia (specify type)						
Cystic Fibrosis						
Cleft lip/ Cleft palate						
Diverticulosis						
Gastritis						
Gastric Ulcers						
Kidney failure						
Chronic Kidney Disease						
Gigantism						
Goiter						
Addison's Disease						
Cushing's Syndrome						
Osteoporosis						
Scoliosis						

