

Family Health History

Name Relationship to you

Year of birth Deceased? If yes, include cause of death

Gender Race Ethnicity

Circle yes/no/unknown for the conditions that this family member has been diagnosed for:

Condition				Age at diagnosis?
Heart attack	Yes	No	Unknown	.....
Other heart disease	Yes	No	Unknown	.....
Congenital heart condition, stroke, or blood clots	Yes	No	Unknown	.....
Kidney disease	Yes	No	Unknown	.....
Liver disease	Yes	No	Unknown	.....
Asthma	Yes	No	Unknown	.....
Blood disorders	Yes	No	Unknown	.....
Arthritis	Yes	No	Unknown	.....
Alzheimer's disease or dementia	Yes	No	Unknown	.....
Diabetes	Yes	No	Unknown	.....
High blood pressure	Yes	No	Unknown	.....
High cholesterol	Yes	No	Unknown	.....
Cystic fibrosis	Yes	No	Unknown	.....
Seizures	Yes	No	Unknown	.....
Migraines	Yes	No	Unknown	.....
Depression	Yes	No	Unknown	.....

Other additional health issues?

Hospitalization?

History of smoking? (include average amount smoked, and years smoked):