Adult Family History Form

Date _____

Please complete as much of this form as possible and RETURN it before your next appointment. This information may be useful to your doctor prior to your appointment.

(Index)Patient _____

Date of Birth_____ Sex_____ Ethnicity_____

Address_____

Phone number_____ Work number_____

Occupation_____ Highest Grade Completed _____

Name of Spouse _____

Date of Birth_____ Ethnicity_____

Referring Doctor_____

Address_____

Family Doctor_____

Address_____

Reason for Referral_____

Medical Diagnosis (if known) _____

List any Health Problems you (the patient) have:_____

_____

_____

List any Hospitalizations (place, reasons & dates)

Name and Location	Reason	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

What questions do you have that you would like answered?_____

_____

_____

_____

_____

_____

The Index Patient's Brothers/Sisters and their Children

List your brothers/sisters. Please include stillbirths(sb), miscarriages(m) and those deceased(d).

Name of Sibling	Date of Birth mo/yr	Sex	Present Health	Sibling's Children (list age & sex)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are any of the above half-brothers/sisters and/or step-brothers/sisters?_____

_____

Are any of the above adopted or foster children?_____

_____

Biological Mother of Index Patient
Name_____ Maiden (family) name_____

Date and place of birth_____ Ethnic origin_____

Present Health_____

_____

_____

Mother's Brothers and Sisters and their Children
(include stillbirths, miscarriages and deceased)

Name of Mother's Sibling	Date of Birth mo/yr	Sex	Present Health	Mother's Sibling's Children (list age and sex)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are any of the above half-brothers/sisters and/or step-brothers/sisters?_____

_____

Other information of significance_____

_____

_____

Maternal Grandfather

Name _____

Ethnic origin_____ Date & Place of Birth_____

How many brothers?_____ How many sisters?_____

Present Health (if deceased, date and cause of death)_____

_____

Maternal Grandmother

Name _____

Ethnic origin_____ Date & Place of Birth_____

How many brothers?_____ How many sisters?_____

Present Health (if deceased, date and cause of death)_____

_____

Is there anyone else on the maternal side of the family that has any birth defects, mental retardation, or any other health concerns not yet mentioned? List each person affected and identify the problems.

_____

_____

_____

Biological Father of Index Patient

Name_____ Maiden (family) name_____

Date and place of birth_____ Ethnic origin_____

Present Health_____

_____

_____

Fathers's Brothers and Sisters and their Children
(include stillbirths, miscarriages and deceased)

Name of Father's Sibling	Date of Birth mo/yr	Sex	Present Health	Father's Sibling's Children (list age and sex)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

Are any of the above half-brothers/sisters and/or step-brothers/sisters?_____

_____

Other information of significance_____

_____

_____

Paternal Grandfather

Name _____

Ethnic origin_____ Date & Place of Birth_____

How many brothers?_____ How many sisters?_____

Present Health (if deceased, date and cause of death)_____

_____

Paternal Grandmother

Name _____

Ethnic origin_____ Date & Place of Birth_____

How many brothers?_____ How many sisters?_____

Present Health (if deceased, date and cause of death)_____

_____

Is there anyone else on the paternal side of the family that has any birth defects, mental retardation, or any other health concerns not yet mentioned? List each person affected and identify the problems.

_____

_____

_____