

# Family Medical History

## Patient Information

Name

Date of Birth

Patient ID/Record Number

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## Immediate Family Members

| Relation  | Living/Deceased | Age or Age at Death | Significant Medical Conditions |
|-----------|-----------------|---------------------|--------------------------------|
| Father    |                 |                     |                                |
| Mother    |                 |                     |                                |
| Sibling 1 |                 |                     |                                |
| Sibling 2 |                 |                     |                                |
| Child 1   |                 |                     |                                |
| Child 2   |                 |                     |                                |

## Additional Family History

Other relatives with medical history (e.g., grandparents, aunts, uncles):

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## Common Family Conditions

| Condition     | Present in Family | Relation(s) Affected |
|---------------|-------------------|----------------------|
| Diabetes      |                   |                      |
| Hypertension  |                   |                      |
| Heart Disease |                   |                      |
| Stroke        |                   |                      |
| Cancer        |                   |                      |
| Asthma        |                   |                      |

|       |  |  |
|-------|--|--|
| Other |  |  |
|-------|--|--|

### Comments / Additional Information

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