

Family Medical History

Patient Information

Name

Date of Birth

Patient ID/Record Number

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):

Common Family Conditions

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

Other		
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Comments / Additional Information

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