

# Family History

Allergies	<input type="checkbox"/> Mother <input type="checkbox"/> Aunts	<input type="checkbox"/> Father <input type="checkbox"/> Uncles	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Siblings
Asthma	<input type="checkbox"/> Mother <input type="checkbox"/> Aunts	<input type="checkbox"/> Father <input type="checkbox"/> Uncles	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Siblings
Autoimmune disease <small>(such as lupus or rheumatoid arthritis)</small>	<input type="checkbox"/> Mother <input type="checkbox"/> Aunts	<input type="checkbox"/> Father <input type="checkbox"/> Uncles	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Siblings
Bronchitis	<input type="checkbox"/> Mother <input type="checkbox"/> Aunts	<input type="checkbox"/> Father <input type="checkbox"/> Uncles	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Siblings
Cancer	<input type="checkbox"/> Mother <input type="checkbox"/> Aunts	<input type="checkbox"/> Father <input type="checkbox"/> Uncles	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Siblings
Deafness	<input type="checkbox"/> Mother <input type="checkbox"/> Aunts	<input type="checkbox"/> Father <input type="checkbox"/> Uncles	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Siblings
Diabetes	<input type="checkbox"/> Mother <input type="checkbox"/> Aunts	<input type="checkbox"/> Father <input type="checkbox"/> Uncles	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Siblings
Heart attack	<input type="checkbox"/> Mother <input type="checkbox"/> Aunts	<input type="checkbox"/> Father <input type="checkbox"/> Uncles	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Siblings
High blood pressure	<input type="checkbox"/> Mother <input type="checkbox"/> Aunts	<input type="checkbox"/> Father <input type="checkbox"/> Uncles	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Siblings
High cholesterol or lipids	<input type="checkbox"/> Mother <input type="checkbox"/> Aunts	<input type="checkbox"/> Father <input type="checkbox"/> Uncles	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Siblings
Kidney problems	<input type="checkbox"/> Mother <input type="checkbox"/> Aunts	<input type="checkbox"/> Father <input type="checkbox"/> Uncles	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Siblings
Stroke	<input type="checkbox"/> Mother <input type="checkbox"/> Aunts	<input type="checkbox"/> Father <input type="checkbox"/> Uncles	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Siblings
Seizures	<input type="checkbox"/> Mother <input type="checkbox"/> Aunts	<input type="checkbox"/> Father <input type="checkbox"/> Uncles	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Siblings
Sickle cell or other anemia	<input type="checkbox"/> Mother <input type="checkbox"/> Aunts	<input type="checkbox"/> Father <input type="checkbox"/> Uncles	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Siblings
Sudden death <small>(not as a result of accident, murder or suicide)</small>	<input type="checkbox"/> Mother <input type="checkbox"/> Aunts	<input type="checkbox"/> Father <input type="checkbox"/> Uncles	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Siblings
Thyroid problems	<input type="checkbox"/> Mother <input type="checkbox"/> Aunts	<input type="checkbox"/> Father <input type="checkbox"/> Uncles	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Siblings
Tuberculosis	<input type="checkbox"/> Mother <input type="checkbox"/> Aunts	<input type="checkbox"/> Father <input type="checkbox"/> Uncles	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Siblings



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_