



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)
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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)
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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)
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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.
