

FAMILY HISTORY WORKSHEET

Please indicate any **MEDICAL HISTORY** in your family members.

	Mo	Fa	Sis	Bro	Dau	Son	MGMo	MGFa	PGMo	PGFa	GChild	MAunt	MUnc	PAunt	PUnc
Alcohol/Drug															
Allergies															
Alzheimer's Disease															
Anesthesia															
Aneurysm															
Arthritis															
Asthma															
Cancer - Breast															
Cancer - Colon															
Cancer - Other															
Cancer - Ovarion															
Cancer - Prostate															
Melanoma															
Nonmelanoma Skin Cancer															
Coronary Artery Disease															
Depression															
Diabetes															
Eczema															
Hypertension															
Lipids - Cholesterol															
Migraine Headaches															
Osteoporosis															
Stroke															

STATUS	Mo	Fa	Sis	Bro	Dau	Son	MGMo	MGFa	PGMo	PGFa	GChild	MAunt	MUnc	PAunt	PUnc
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Please indicate whether your family members are living or deceased. If deceased, please give the age at death and cause, if known.

Alive															
Deceased															
Age At Death															
Cause of Death															

Mo = Mother	Son = Son	Gchild = Grandchild
Fa = Father	MGMo = Maternal Grandmother	Maunt = Maternal Aunt
Sis = Sister	MGFa = Maternal Grandfather	Munc = Mathernal Uncle
Bro = Brother	PGMo = Paternal Grandmother	Paunt = Paternal Aunt
Dau = Daughter	PGFa = Paternal Grandfather	Punc = Paternal Uncle