

Family Member Name: _____

Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			
Depression			
Diabetes, Type 1 (childhood onset)			
Diabetes, Type 2 (adult onset)			
Epilepsy (seizures)			
Eye Conditions			
Glaucoma			
Hearing Problems			
Heart Disease (Coronary Artery or Heart Attack)			
High Cholesterol (Hyperlipidemia)			
High Blood Pressure (Hypertension)			
Kidney Diseases			
Lupus			
Mental Retardation			
Migraine Headaches			
Miscarriage			
Osteoarthritis			
Osteoporosis			
Rheumatoid Arthritis			
Stroke			
Thyroid Disorders			
Tuberculosis			
Ulcer			
Other:			

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Family Member Name: _____

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Other Factors

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alcoholism			
Drug Use			
Obesity			
Smoking			

List any other major diseases, surgeries, conditions, or illnesses not covered above:

List any Hospitalizations

Hospital	City	Reason	Date	Result
----------	------	--------	------	--------

Has this person had any other birth defects, mental retardation, miscarriages, psychological illness, or other medical concerns not yet mentioned? Please detail the problems:

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Family Member Name: _____

Your Spouse

Full Name (First, Middle, Last)

Maiden or Former Name(s)

Date of Birth

Place of Birth

Gender

Ethnic Background

Current Health Status

Today's Date

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			
Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			
Depression			

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Family Member Name: _____

Diabetes, Type 1 (childhood onset)			
Diabetes, Type 2 (adult onset)			
Epilepsy (seizures)			
Eye Conditions			
Glaucoma			
Hearing Problems			
Heart Disease (Coronary Artery or Heart Attack)			
High Cholesterol (Hyperlipidemia)			
High Blood Pressure (Hypertension)			
Kidney Diseases			
Lupus			
Mental Retardation			
Migraine Headaches			
Miscarriage			
Osteoarthritis			
Osteoporosis			
Rheumatoid Arthritis			
Stroke			
Thyroid Disorders			
Tuberculosis			
Ulcer			
Other:			

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Family Member Name: _____

Other Factors

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alcoholism			
Drug Use			
Obesity			
Smoking			

List any other major diseases, surgeries, conditions, or illnesses not covered above:

List any Hospitalizations

Hospital City Reason Date Result

Has this person had any other birth defects, mental retardation, miscarriages, psychological illness, or other medical concerns not yet mentioned? Please detail the problems:

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Family Member Name: _____

Your Parents

Your Father

Full Name (First, Middle, Last)

Maiden or Former Name(s)

Date of Birth

Place of Birth

Gender

Ethnic Background

Current Health Status

Today's Date

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			
Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			

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Family Member Name: _____

Depression			
Diabetes, Type 1 (childhood onset)			
Diabetes, Type 2 (adult onset)			
Epilepsy (seizures)			
Eye Conditions			
Glaucoma			
Hearing Problems			
Heart Disease (Coronary Artery or Heart Attack)			
High Cholesterol (Hyperlipidemia)			
High Blood Pressure (Hypertension)			
Kidney Diseases			
Lupus			
Mental Retardation			
Migraine Headaches			
Miscarriage			
Osteoarthritis			
Osteoporosis			
Rheumatoid Arthritis			
Stroke			
Thyroid Disorders			
Tuberculosis			
Ulcer			
Other:			

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Family Member Name: _____

Other Factors

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alcoholism			
Drug Use			
Obesity			
Smoking			

List any other major diseases, surgeries, conditions, or illnesses not covered above:

List any Hospitalizations

Hospital City Reason Date Result

Has this person had any other birth defects, mental retardation, miscarriages, psychological illness, or other medical concerns not yet mentioned? Please detail the problems:

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Family Member Name: _____

Your Mother

Full Name (First, Middle, Last)

Maiden or Former Name(s)

Date of Birth

Place of Birth

Gender

Ethnic Background

Current Health Status

Today's Date

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			
Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			
Depression			

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Family Member Name: _____

Diabetes, Type 1 (childhood onset)			
Diabetes, Type 2 (adult onset)			
Epilepsy (seizures)			
Eye Conditions			
Glaucoma			
Hearing Problems			
Heart Disease (Coronary Artery or Heart Attack)			
High Cholesterol (Hyperlipidemia)			
High Blood Pressure (Hypertension)			
Kidney Diseases			
Lupus			
Mental Retardation			
Migraine Headaches			
Miscarriage			
Osteoarthritis			
Osteoporosis			
Rheumatoid Arthritis			
Stroke			
Thyroid Disorders			
Tuberculosis			
Ulcer			
Other:			

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Family Member Name: _____

Other Factors

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alcoholism			
Drug Use			
Obesity			
Smoking			

List any other major diseases, surgeries, conditions, or illnesses not covered above:

List any Hospitalizations

Hospital	City	Reason	Date	Result
----------	------	--------	------	--------

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Family Member Name: _____

Your Grandparents

Your Grandfather

Full Name (First, Middle, Last)

Maiden or Former Name(s)

Date of Birth

Place of Birth

Gender

Ethnic Background

Current Health Status

Today's Date

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			
Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			

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Family Member Name: _____

Depression			
Diabetes, Type 1 (childhood onset)			
Diabetes, Type 2 (adult onset)			
Epilepsy (seizures)			
Eye Conditions			
Glaucoma			
Hearing Problems			
Heart Disease (Coronary Artery or Heart Attack)			
High Cholesterol (Hyperlipidemia)			
High Blood Pressure (Hypertension)			
Kidney Diseases			
Lupus			
Mental Retardation			
Migraine Headaches			
Miscarriage			
Osteoarthritis			
Osteoporosis			
Rheumatoid Arthritis			
Stroke			
Thyroid Disorders			
Tuberculosis			
Ulcer			
Other:			

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Family Member Name: _____

Other Factors

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alcoholism			
Drug Use			
Obesity			
Smoking			

List any other major diseases, surgeries, conditions, or illnesses not covered above:

List any Hospitalizations

Hospital City Reason Date Result

Has this person had any other birth defects, mental retardation, miscarriages, psychological illness, or other medical concerns not yet mentioned? Please detail the problems:

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Family Member Name: _____

Your Grandmother

Full Name (First, Middle, Last)

Maiden or Former Name(s)

Date of Birth

Place of Birth

Gender

Ethnic Background

Current Health Status

Today's Date

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			
Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			
Depression			

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Family Member Name: _____

Diabetes, Type 1 (childhood onset)			
Diabetes, Type 2 (adult onset)			
Epilepsy (seizures)			
Eye Conditions			
Glaucoma			
Hearing Problems			
Heart Disease (Coronary Artery or Heart Attack)			
High Cholesterol (Hyperlipidemia)			
High Blood Pressure (Hypertension)			
Kidney Diseases			
Lupus			
Mental Retardation			
Migraine Headaches			
Miscarriage			
Osteoarthritis			
Osteoporosis			
Rheumatoid Arthritis			
Stroke			
Thyroid Disorders			
Tuberculosis			
Ulcer			
Other:			

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Family Member Name: _____

Other Factors

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alcoholism			
Drug Use			
Obesity			
Smoking			

List any other major diseases, surgeries, conditions, or illnesses not covered above:

List any Hospitalizations

Hospital City Reason Date Result

Has this person had any other birth defects, mental retardation, miscarriages, psychological illness, or other medical concerns not yet mentioned? Please detail the problems:

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Family Member Name: _____

Spouse's Parents

Spouse's Father

Full Name (First, Middle, Last)

Maiden or Former Name(s)

Date of Birth

Place of Birth

Gender

Ethnic Background

Current Health Status

Today's Date

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			
Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			

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Family Member Name: _____

Depression			
Diabetes, Type 1 (childhood onset)			
Diabetes, Type 2 (adult onset)			
Epilepsy (seizures)			
Eye Conditions			
Glaucoma			
Hearing Problems			
Heart Disease (Coronary Artery or Heart Attack)			
High Cholesterol (Hyperlipidemia)			
High Blood Pressure (Hypertension)			
Kidney Diseases			
Lupus			
Mental Retardation			
Migraine Headaches			
Miscarriage			
Osteoarthritis			
Osteoporosis			
Rheumatoid Arthritis			
Stroke			
Thyroid Disorders			
Tuberculosis			
Ulcer			
Other:			

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Family Member Name: _____

Other Factors

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alcoholism			
Drug Use			
Obesity			
Smoking			

List any other major diseases, surgeries, conditions, or illnesses not covered above:

List any Hospitalizations

Hospital City Reason Date Result

Has this person had any other birth defects, mental retardation, miscarriages, psychological illness, or other medical concerns not yet mentioned? Please detail the problems:

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Family Member Name: _____

Spouse's Mother

Full Name (First, Middle, Last)

Maiden or Former Name(s)

Date of Birth

Place of Birth

Gender

Ethnic Background

Current Health Status

Today's Date

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			
Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			
Depression			

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Family Member Name: _____

Diabetes, Type 1 (childhood onset)			
Diabetes, Type 2 (adult onset)			
Epilepsy (seizures)			
Eye Conditions			
Glaucoma			
Hearing Problems			
Heart Disease (Coronary Artery or Heart Attack)			
High Cholesterol (Hyperlipidemia)			
High Blood Pressure (Hypertension)			
Kidney Diseases			
Lupus			
Mental Retardation			
Migraine Headaches			
Miscarriage			
Osteoarthritis			
Osteoporosis			
Rheumatoid Arthritis			
Stroke			
Thyroid Disorders			
Tuberculosis			
Ulcer			
Other:			

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Family Member Name: _____

Other Factors

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alcoholism			
Drug Use			
Obesity			
Smoking			

List any other major diseases, surgeries, conditions, or illnesses not covered above:

List any Hospitalizations

Hospital City Reason Date Result

Has this person had any other birth defects, mental retardation, miscarriages, psychological illness, or other medical concerns not yet mentioned? Please detail the problems:

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Family Member Name: _____

Spouse's Grandparents

Spouse's Grandfather

Full Name (First, Middle, Last)

Maiden or Former Name(s)

Date of Birth

Place of Birth

Gender

Ethnic Background

Current Health Status

Today's Date

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			
Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			

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Family Member Name: _____

Depression			
Diabetes, Type 1 (childhood onset)			
Diabetes, Type 2 (adult onset)			
Epilepsy (seizures)			
Eye Conditions			
Glaucoma			
Hearing Problems			
Heart Disease (Coronary Artery or Heart Attack)			
High Cholesterol (Hyperlipidemia)			
High Blood Pressure (Hypertension)			
Kidney Diseases			
Lupus			
Mental Retardation			
Migraine Headaches			
Miscarriage			
Osteoarthritis			
Osteoporosis			
Rheumatoid Arthritis			
Stroke			
Thyroid Disorders			
Tuberculosis			
Ulcer			
Other:			

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Family Member Name: _____

Other Factors

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alcoholism			
Drug Use			
Obesity			
Smoking			

List any other major diseases, surgeries, conditions, or illnesses not covered above:

List any Hospitalizations

Hospital City Reason Date Result

Has this person had any other birth defects, mental retardation, miscarriages, psychological illness, or other medical concerns not yet mentioned? Please detail the problems:

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Family Member Name: _____

Spouse's Grandmother

Full Name (First, Middle, Last) _____

Maiden or Former Name(s) _____

Date of Birth _____ Place of Birth _____ Gender _____

Ethnic Background _____ Current Health Status _____ Today's Date _____

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			
Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			
Depression			

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Family Member Name: _____

Diabetes, Type 1 (childhood onset)			
Diabetes, Type 2 (adult onset)			
Epilepsy (seizures)			
Eye Conditions			
Glaucoma			
Hearing Problems			
Heart Disease (Coronary Artery or Heart Attack)			
High Cholesterol (Hyperlipidemia)			
High Blood Pressure (Hypertension)			
Kidney Diseases			
Lupus			
Mental Retardation			
Migraine Headaches			
Miscarriage			
Osteoarthritis			
Osteoporosis			
Rheumatoid Arthritis			
Stroke			
Thyroid Disorders			
Tuberculosis			
Ulcer			
Other:			

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Family Member Name: _____

Other Factors

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alcoholism			
Drug Use			
Obesity			
Smoking			

List any other major diseases, surgeries, conditions, or illnesses not covered above:

List any Hospitalizations

Hospital City Reason Date Result

Has this person had any other birth defects, mental retardation, miscarriages, psychological illness, or other medical concerns not yet mentioned? Please detail the problems:

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Family Member Name: _____

Brother Or Sister 1

Full Name (First, Middle, Last)

Maiden or Former Name(s)

Full/Half/Step Sibling

Date of Birth

Place of Birth

Gender

Ethnic Background

Current Health Status

Today's Date

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			
Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			
Depression			

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Family Member Name: _____

Diabetes, Type 1 (childhood onset)			
Diabetes, Type 2 (adult onset)			
Epilepsy (seizures)			
Eye Conditions			
Glaucoma			
Hearing Problems			
Heart Disease (Coronary Artery or Heart Attack)			
High Cholesterol (Hyperlipidemia)			
High Blood Pressure (Hypertension)			
Kidney Diseases			
Lupus			
Mental Retardation			
Migraine Headaches			
Miscarriage			
Osteoarthritis			
Osteoporosis			
Rheumatoid Arthritis			
Stroke			
Thyroid Disorders			
Tuberculosis			
Ulcer			
Other:			

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Family Member Name: _____

Other Factors

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alcoholism			
Drug Use			
Obesity			
Smoking			

List any other major diseases, surgeries, conditions, or illnesses not covered above:

List any Hospitalizations

Hospital City Reason Date Result

Has this person had any other birth defects, mental retardation, miscarriages, psychological illness, or other medical concerns not yet mentioned? Please detail the problems:

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Family Member Name: _____

Brother Or Sister 2

Full Name (First, Middle, Last)

Maiden or Former Name(s)

Full/Half/Step Sibling

Date of Birth

Place of Birth

Gender

Ethnic Background

Current Health Status

Today's Date

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
Alzheimer's Disease			
Allergic Rhinitis (Hay fever)			
Anemia			
Anesthesia Problem			
Arthritis			
Asthma			
Birth Defects			
Bleeding Problem			
Cancer, Breast			
Cancer, Colon			
Cancer, Lung			
Cancer, Melanoma			
Cancer, Prostate			
Cancer, Skin (except melanoma)			
Cancer, Ovarian			
Cancer (other)			
Depression			

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Family Member Name: _____

Diabetes, Type 1 (childhood onset)			
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Other:			

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Family Member Name: _____

Other Factors

<u>Condition</u>	<u>Age at Onset</u>	<u>Treatment</u>	<u>Result</u>
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