FAMILY MEDICAL HISTORY

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Updated:

Patient Information

Last Name: _____ Middle: _____

First Name: _____ Gender: _____

Phone #: _____ DOB: _____

Ethnicity: _____ Twin: Yes ☐ No ☐

Allergies: _____

_____

Examples: Heart disease, cancer, dementia, diabetes, arthritis, asthma, stroke, poor cholesterol, other.	Health Conditions:	Age When Diagnosed:

NUMBER OF FAMILY MEMBERS
Related by blood, living or deceased

Grandmother:	2	Grandfather:	2
Mother:	1	Father:	1
Aunts:		Uncles:	
Sisters:		Brothers:	
Daughters:		Sons:	
Half Sisters:		Half Brothers:	

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Advice on treatment or care of an individual patient should be obtained through consultation with a physician or trained health care practitioner who has examined that patient or is familiar with that patient's medical history.

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Immediate Blood Family: Parents, Siblings, and Children						
Name	Relationship	DOB	Health Condition	Age at Diagnosis	Living? (Y/N)	Age at Death

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Mother's Blood Family: Her Parents and Siblings						
Name	Relationship	DOB	Health Condition	Age at Diagnosis	Living? (Y/N)	Age at Death

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Father's Blood Family: His Parents and Siblings						
Name	Relationship	DOB	Health Condition	Age at Diagnosis	Living? (Y/N)	Age at Death

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