

## **Family History Form**

• Smokers

• Deafness (under age 40)

• Infants/children with hip problems

Westwood 781-326-7700 Mansfield 508-339-9944 Easton 508 535-5535

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		50
Date:		Blindness
Patient's name:		• Asthma
Date of hirth:		Recurrent pneumonias or recurrent bronchitis
Date of birth:		Allergies (season or food)
		Thyroid disease (hypothyroid or hyperthyroid)
Siblings		Skin cancer (melanoma, basal cell)
Name:	Date of birth:	Colon cancer under age 50
N.I.	D (1:11	Kidney cancer under age 50
Name:	Date of birth:	Eye cancer (or eye removed)
Name:	Date of birth:	Other cancers
Name:	Date of birth:	Relatives
		Patient's siblings:
Family history		Tation (3 sibilings).
	fill out as much information about b. When listing any illnesses/diseases/ called the following:	
• Obesity		Parent 1:
High blood pressure		
<ul> <li>High cholesterol</li> </ul>		
<ul> <li>Diabetes (type 1 or type 2)</li> </ul>		
Heart attacks (please list age of first attack)		Parent 2:
<ul> <li>Margfan's syndrome</li> </ul>	or mac accuery	
Other cardiac disease (rhythm cardiomyopathy, etc.)	n disorders, murmurs,	
Cysts on kidneys		
Other kidney disease		Parent 1's father (patients grandfather):
Blood clots (including pulmor disorders)	nary embolism or other clotting	
Bleeding disorder (including V	/on Willebrand's)	
Anemia (or thalesemia traits)		Parent 1's mother (patients grandmother):
History of having spleen remo	oved	
Sudden Infant Death Syndrom	ne (SIDS)	
Auto accident/drowning deat	h	
Other unexplained deaths		Parent 2's father (patients grandfather):
Tuberous sclerosis/neurofibromatosis		, a. o. v. 2 o 1 a 1 o 1 o 1 o 1 o 1 o 1 o 1 o 1 o 1
Seizure problems		
Recurrent fainting		
<ul> <li>Learning disorders (ADHD, dy</li> </ul>	slexia)	D 12/ 11 / 11 1 1 1 1
Depression or anxiety		Parent 2's mother (patients grandmother):
Bipolar disease (or schizophre	enia)	
Drug or alcohol issues		

Parent 1's protners (patients uncles):	Your home				
	_ Do you have gur	ns in your house?			
	O Yes	O No	O Don't	t know	
Parent 1's sisters (patients aunts):	Do you have a pool at home?				
raient 18 sisters (patients aurits).	O Yes	O No	O Don't know		
	Any smokers livir	g in the house?			
	_ O Yes	O No	O Don't	t know	
Parent 2's brothers (patients uncles):	Do you have a fire extinguisher in your house?				
	O Yes	O No	O Don't know		
	Do you have a ca	you have a carbon monoxide detector in your house?			
	O Yes	O No	O Don't	O Don't know	
Parent 2's sisters (patients aunts):	Do you have pets?				
	- O Yes	O No	O Don't know		
	What type?:				
	What type of hea	What type of heat do you have?			
Parents	O Electric	O Gas	O Oil	O Don't know	
Parents' marital status:	What type of wat	What type of water do you have?			
Parent 1's name:	O Private well	O Municipal (d	city/town)	O Don't know	
Parent 1's occupation:	Do you live in a house or apartment?				
Parent 2's name:	O House	O Apartment			
Parent 2's occupation:	_				
Religion:	-				

