**Family History**: Please indicate which relative has had the following diseases (parents and siblings are highest priority).

\*\*\*If history of one or more family member is unknown, place a check in the box next to the corresponding person(s). \*\*\*\*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Disease:  | Mother [ ]  | Father [ ]  | Sister [ ]  | Brother [ ]  | Grandfather(Maternal) [ ]  | Grandmother(Maternal) [ ]  | Grandfather(Paternal) [ ]  | Grandmother(Paternal) [ ]  | Other (relationship): |
| Addiction (i.e. substance abuse) |  |  |  |  |  |  |  |  |  |
| Alcohol abuse |  |  |  |  |  |  |  |  |  |
| Alzheimer’s disease |  |  |  |  |  |  |  |  |  |
| Bleeding disorder |  |  |  |  |  |  |  |  |  |
| CA-Breast cancer |  |  |  |  |  |  |  |  |  |
| CA-Colon cancer |  |  |  |  |  |  |  |  |  |
| CA-Lung cancer |  |  |  |  |  |  |  |  |  |
| CA-Ovarian cancer |  |  |  |  |  |  |  |  |  |
| Cancer-Unknown origin  |  |  |  |  |  |  |  |  |  |
| COPD |  |  |  |  |  |  |  |  |  |
| Depression |  |  |  |  |  |  |  |  |  |
| Diabetes mellitus type 1 |  |  |  |  |  |  |  |  |  |
| Diabetes mellitus type 2 |  |  |  |  |  |  |  |  |  |
| Heart attack |  |  |  |  |  |  |  |  |  |
| Heart disease |  |  |  |  |  |  |  |  |  |
| High blood pressure |  |  |  |  |  |  |  |  |  |
| Hypercholesterolemia |  |  |  |  |  |  |  |  |  |
| Kidney disease |  |  |  |  |  |  |  |  |  |
| Mental illness |  |  |  |  |  |  |  |  |  |
| Migraines |  |  |  |  |  |  |  |  |  |
| Muscular Sclerosis  |  |  |  |  |  |  |  |  |  |
| Osteoporosis |  |  |  |  |  |  |  |  |  |
| Parkinsons |  |  |  |  |  |  |  |  |  |
| Stroke |  |  |  |  |  |  |  |  |  |
| Thyroid |  |  |  |  |  |  |  |  |  |

 OTHER SIGNIFICANT FAMILY HISTORY (include relationship and disease): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_