

Patient Name: _____

Adopted

Patient Date of Birth: _____

Family History Unknown

Family History Worksheet

✓ All that apply	Mother	Father	Sister	Brother	Maternal Grandmother (mother's mother)	Maternal Grandfather (mother's father)	Paternal Grandmother (father's mother)	Paternal Grandfather (father's father)	Negative History	Cousin	Other (relationship)
	Rheumatoid Arthritis										
Osteoarthritis											
Asthma											
Cancer											
Diabetes											
Heart Failure											
High Cholesterol											
Hypertension											
Migraines											
Rashes/Skin Problems											
Seizures											
Stroke											
Thyroid Disease											

Additional Family History (please indicate relationship to patient)

ADHD		Learning disability	
Adverse reaction to anesthesia		Lupus	
Alcohol abuse		Multiple sclerosis	
Anxiety disorder		Obsessive Compulsive Disorder	
Bipolar disorder		Osteoporosis	
Blindness		Phenylketonuria (PKU)	
Celiac disease		Physical abuse	
Congenital heart disease		Post Traumatic Stress Disorder	
Cystic fibrosis		Schizophrenia	
Depression		Sexual abuse	
Drug Abuse		Sickle cell anemia	
Early death		Sickle cell trait	
Factor V Leiden deficiency		Sudden Infant Death Syndrome	
Genetic condition		Substance abuse	
Heart attack		Tuberculosis	