| Name: | Date: |
|-------|-------|
|       |       |

## Family History: (Please select all that apply)

|  | Mother | Father | Sister(s) | Brother(s) | Mom's Mother | Mom's Father | Dad's Mother | Dad's Father | Daughter(s) | Son(s) |
|--|--------|--------|-----------|------------|--------------|--------------|--------------|--------------|-------------|--------|
| Autoimmune disorder                            |        |        |           |            |              |              |              |              |             |        |
| Breast cancer                                  |        |        |           |            |              |              |              |              |             |        |
| Colon cancer                                   |        |        |           |            |              |              |              |              |             |        |
| Diabetes mellitus type 1                       |        |        |           |            |              |              |              |              |             |        |
| Diabetes mellitus type 2                       |        |        |           |            |              |              |              |              |             |        |
| Heart disease congenital                       |        |        |           |            |              |              |              |              |             |        |
| Hemophilla                                     |        |        |           |            |              |              |              |              |             |        |
| High blood pressure                            |        |        |           |            |              |              |              |              |             |        |
| High cholesterol                               |        |        |           |            |              |              |              |              |             |        |
| Kidney disease                                 |        |        |           |            |              |              |              |              |             |        |
| Liver disease                                  |        |        |           |            |              |              |              |              |             |        |
| Lung cancer                                    |        |        |           |            |              |              |              |              |             |        |
| Malignant melanoma                             |        |        |           |            |              |              |              |              |             |        |
| Malignant neoplasm<br>(Basal or Squamous Cell) |        |        |           |            |              |              |              |              |             |        |
| Mental disorder                                |        |        |           |            |              |              |              |              |             |        |
| Ovarian cancer                                 |        |        |           |            |              |              |              |              |             |        |
| Prostate cancer                                |        |        |           |            |              |              |              |              |             |        |
| Stroke   |        |        |           |            |              |              |              |              |             |        |
| Thyroid disorder                               |        |        |           |            |              |              |              |              |             |        |
| Other:   |        |        |           |            |              |              |              |              |             |        |