FAMILY HISTORY- Indicate which member of your family has had any of the following diseases.

Disease	Mother	Father	Sisters(s)	Brother(s)	Mom's mom	Mom's dad	Dad's mom	Dad's dad	Other relative	Comments
Alcoholism/Drug abuse										
Allergy (hay fever)										
Alzheimers										
Anemia										
Anesthesia Problem										
Arthritis (osteo)										
Arthritis (rheumatoid)										
Asthma										
Autoimmune disease										
Birth Defects										
Bleeding or clotting problem										
Cancer, Breast										
Cancer, Colon										
Cancer, Lung										
Cancer, Ovarian										
Cancer Prostate										
Cancer, Other										
Colon Polyp										
Depression/Suicide/ Anxiety										

FAMILY HISTORY- Indicate which member of your family has had any of the following diseases.

Disease	Mother	Father	Sisters(s)	Brother(s)	Mom's	Mom's	Dad's	Dad's dad	Other relative	Comments
Diabetes, Type 1 (child onset)										
Diabetes, Type 2 (adult onset)										
Emphysema (COPD)										
Epilepsy										
Genetic Disorder (explain)										
Glaucoma										
Hearth Disease (coronary artery or heart attack)										
Hepatitis B or C										
High Blood Pressure (hypertension)										
High Cholesterol (hyperlipidemia)										
Thyroid Disease/problems										
Kidney Disease										
Kidney Stone										
Macular Degeneration										
Migraine Headaches										
Miscarriage										
Obesity										
Osteoporosis										
Tuberculosis										

FAMILY HISTORY- Indicate which member of your family has had any of the following diseases.

Disease	Mother	Father	Sisters(s)	Brother(s)	Mom's	Mom's	Dad's	Dad's dad	Other relative	Comments
Other (list)										