

# My Family History

Name & Date of Birth: \_\_\_\_\_

For each person or group (blood relatives only), fill in **any medical problem** they had, and how **old they were** when they first had it.

Some examples: Diabetes (age 12), Breast cancer (75), Fibromyalgia (in 40s), Heart attack (in 50s), Thyroid (35), Alcoholism (25), Drugs (since teen), etc.

<i>Mom's mother:</i>		<i>Mom's father:</i>		<i>Dad's mother:</i>		<i>Dad's father:</i>	
Problem	Age	Problem	Age	Problem	Age	Problem	Age
_____		_____		_____		_____	
_____		_____		_____		_____	

<i>Mom's sisters:</i>		<b>MY MOTHER</b>		<b>MY FATHER</b>		<i>Dad's sisters:</i>	
Problem	Age	Problem	Age	Problem	Age	Problem	Age
_____		_____		_____		_____	
_____		_____		_____		_____	

<i>Mom's brothers:</i>		<b>ME</b>		<i>Dad's brothers:</i>	
Problem	Age	Problem	Age	Problem	Age
_____		_____		_____	
_____		_____		_____	

<i>Cousins, Mom's side :</i>		<b>MY SISTERS</b>		<b>MY BROTHERS</b>		<i>Cousins, Dad's side :</i>	
Problem	Age	Problem	Age	Problem	Age	Problem	Age
_____		_____		_____		_____	
_____		_____		_____		_____	

<i>Kids of my sisters:</i>		<b>MY KIDS</b>		<i>Kids of my brothers:</i>	
Problem	Age	Problem	Age	Problem	Age
_____		_____		_____	
_____		_____		_____	