### Family Health History For

#### Date of Birth

<table>
<thead>
<tr>
<th>Your brothers and sisters (include half-siblings)</th>
<th>Male/Female</th>
<th>Birthdate</th>
<th>Deceased Y/N</th>
<th>Cause of Death</th>
<th>Birth Defects (cleft lip, heart defect, etc.)</th>
<th>Premature Births</th>
<th>Genetic Conditions (cystic fibrosis, etc.)</th>
<th>Mental Illness (depression, schizophrenia, etc.)</th>
<th>Diabetes</th>
<th>Hearing Loss</th>
<th>Heart Disease</th>
<th>Seizures</th>
<th>Asthma</th>
<th>Allergies</th>
<th>Arthritis</th>
<th>Obesity</th>
<th>Cancer</th>
<th>List any other conditions and give details for checked boxes</th>
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#### Mother's Side

- **Your Mother**
- **Your Grandmother**
- **Your Grandfather**
- **Your Aunts & Uncles**
- **Your First Cousins**
Please check the appropriate box(es) for each relative and list only those relatives related to you by blood. Do not include adopted family member, foster children or family friends.

Half-siblings are brothers and sisters who have either the same mother or father as you.

First cousins are the children of your aunts and uncles.

Please remember to share this information with your doctor.