Family History

Mother

Age: _____ Living: Yes ○ No ○

Known Health Conditions:

_____

_____

If deceased, age and cause of death (if known):

_____

Father

Age: _____ Living: Yes ○ No ○

Known Health Conditions:

_____

_____

If deceased, age and cause of death (if known):

_____

Family History

Common Conditions to Ask About

- ○ Heart disease
- ○ High blood pressure
- ○ High cholestrol
- ○ Diabetes
- ○ Stroke
- ○ Cancer
- ○ Alzheimer’s disease or dementia
- ○ Kidney disease
- ○ Liver disease
- ○ Lung disease
- ○ Osteoporsis
- ○ Arthritis
- ○ Mental health conditions
- ○ Substance use disorder
- ○ Other: _____

Who in your family?

_____

_____