



**Use this sheet as a guide to interview family members and compile a summary to give to your doctor:**

NAME: \_\_\_\_\_

Relation to you: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Date of death: \_\_\_\_\_

Cause of death: \_\_\_\_\_

Medical Condition	Age at Diagnosis

*EXAMPLES: high blood pressure, high cholesterol, heart attack, diabetes, osteoporosis, asthma, autoimmune disease, bleeding or clotting disorder, emphysema (COPD), glaucoma, Hepatitis B or C, thyroid disease, kidney disease, macular degeneration, stroke, cancer (list specific type), genetic disorder (list specific type)*

Mental Health Condition	Age at Diagnosis

*EXAMPLES depression, alcoholism, drug use, dementia, Alzheimer's disease*

### **Pregnancy complications:**

*INCLUDING: miscarriage, stillbirth, birth defects, or infertility*

### **If known, complete the following information:**

**FATHER**  Alive  Deceased Age at death: \_\_\_\_\_ Cause of death: \_\_\_\_\_

**MOTHER**  Alive  Deceased Age at death: \_\_\_\_\_ Cause of death: \_\_\_\_\_

### **Deceased relatives (siblings, grandparents, children):**

Relation to you: \_\_\_\_\_ Age of death: \_\_\_\_\_ Cause of death: \_\_\_\_\_

Relation to you: \_\_\_\_\_ Age of death: \_\_\_\_\_ Cause of death: \_\_\_\_\_

Relation to you: \_\_\_\_\_ Age of death: \_\_\_\_\_ Cause of death: \_\_\_\_\_

Relation to you: \_\_\_\_\_ Age of death: \_\_\_\_\_ Cause of death: \_\_\_\_\_

Please check appropriate boxes. Identify **all** known illnesses or conditions.

Condition	Self	Father	Mother	Sibling	Child	Grand- parents	Aunt/ Uncle	Cousin	Niece/ Nephew
<b>Cancers</b>									
Colorectal									
Colon polyp									
Breast									
Prostate									
Ovarian									
Other:									
<b>Other Medical Conditions</b>									
Heart disease									
Diabetes									
Asthma									
Eczema/psoriasis									
Migraine									
Headaches									
Seizures									
Stroke/TIA									
High cholesterol									
Bleeding disorder									
High/low white count									
Anemia									
Liver disease									
Hepatitis									
Arthritis									
Osteoporosis									
Alcohol abuse									
Rec/street drug use									
STDs									
Depression									
Mental illness									
Suicide									
Attempted suicide									
Tuberculosis (TB)									
Other:									

**NOTES:**