# FAMILY MEDICAL HISTORY INFORMATION FORM

Patient Name: _____ Date of Birth:_____ Today's Date:_____

Do any of your CHILD'S CLOSE RELATIVES have any of the following?

Has anyone had Tuberculosis and/or received treatment?

YES ☐ NO ☐ Who? _____

(1) High Cholesterol No Yes

If Yes, relationship to Child

| CHILD'S | | | | MATERNAL | | | | PATERNAL | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mother | Father | Brother | Sister | Grand- Mother | Grand-Father | Uncle Aunt | Cousin | Grand-Mother | Grand-Father | Uncle Aunt | Cousin |

(2) High Blood Pressure No Yes

If Yes, relationship to Child

| CHILD'S | | | | MATERNAL | | | | PATERNAL | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mother | Father | Brother | Sister | Grand- Mother | Grand-Father | Uncle Aunt | Cousin | Grand-Mother | Grand-Father | Uncle Aunt | Cousin |

(3) Diabetes No Yes

If Yes, relationship to Child

| CHILD'S | | | | MATERNAL | | | | PATERNAL | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mother | Father | Brother | Sister | Grand- Mother | Grand-Father | Uncle Aunt | Cousin | Grand-Mother | Grand-Father | Uncle Aunt | Cousin |

(4a) Heart Attack or Stroke in Family Members Less than 55 Years Old No Yes

If Yes, relationship to Child

| CHILD'S | | | | MATERNAL | | | | PATERNAL | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mother | Father | Brother | Sister | Grand- Mother | Grand-Father | Uncle Aunt | Cousin | Grand-Mother | Grand-Father | Uncle Aunt | Cousin |

(4b) Cardiac angioplasty or stent in family members less than 55 years old? No Yes

If Yes, relationship to Child

| CHILD'S | | | | MATERNAL | | | | PATERNAL | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mother | Father | Brother | Sister | Grand- Mother | Grand-Father | Uncle Aunt | Cousin | Grand-Mother | Grand-Father | Uncle Aunt | Cousin |

(5) Family members of <u>any age</u> who died suddenly or unexpectedly No Yes

If Yes, relationship to Child

| CHILD'S | | | | MATERNAL | | | | PATERNAL | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mother | Father | Brother | Sister | Grand- Mother | Grand-Father | Uncle Aunt | Cousin | Grand-Mother | Grand-Father | Uncle Aunt | Cousin |

(6) Have you ever heard of these conditions in your family: Marfan's, Long QT, WPW No Yes

If Yes, relationship to Child

| CHILD'S | | | | MATERNAL | | | | PATERNAL | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mother | Father | Brother | Sister | Grand- Mother | Grand-Father | Uncle Aunt | Cousin | Grand-Mother | Grand-Father | Uncle Aunt | Cousin |

(7) Other Heart Problems in YOUNGER or OLDER Family Members (for example: pacemakers, heart surgery, angioplasty, heart murmurs, irregular heart beats) No Yes

If Yes, relationship to Child

| CHILD'S | | | | MATERNAL | | | | PATERNAL | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mother | Father | Brother | Sister | Grand- Mother | Grand-Father | Uncle Aunt | Cousin | Grand-Mother | Grand-Father | Uncle Aunt | Cousin |