# Family Medical History

**Date:** _____

**Patient's name:** _____ **Date of birth:** _____

**Age:** _____ **Sex:** _____ **Contact information:** _____

**Other relevant information (if needed):**

|  |
|---|
|  |

| Name | Relationship | Date of birth | Medical conditions | Age of onset | Deceased? | Age of death | Reason for death |
|------|--------------|---------------|--------------------|--------------|-----------|--------------|------------------|
|  |  |  |  |  | Yes<br><br>No |  |  |
|  |  |  |  |  | Yes<br><br>No |  |  |
|  |  |  |  |  | Yes<br><br>No |  |  |
|  |  |  |  |  | Yes<br><br>No |  |  |
|  |  |  |  |  | Yes<br><br>No |  |  |

| Name | Relationship | Date of birth | Medical conditions | Age of onset | Deceased? | Age of death | Reason for death |
|------|-------------|---------------|--------------------|--------------|-----------|--------------|------------------|
|      |             |               |                    |              | Yes<br><br>No |          |                  |
|      |             |               |                    |              | Yes<br><br>No |          |                  |
|      |             |               |                    |              | Yes<br><br>No |          |                  |
|      |             |               |                    |              | Yes<br><br>No |          |                  |
|      |             |               |                    |              | Yes<br><br>No |          |                  |
|      |             |               |                    |              | Yes<br><br>No |          |                  |
|      |             |               |                    |              | Yes<br><br>No |          |                  |
|      |             |               |                    |              | Yes<br><br>No |          |                  |

| Name | Relationship | Date of birth | Medical conditions | Age of onset | Deceased? | Age of death | Reason for death |
|------|--------------|---------------|--------------------|--------------|-----------|--------------|------------------|
|      |              |               |                    |              | Yes<br><br>No |          |                  |
|      |              |               |                    |              | Yes<br><br>No |          |                  |

| Additional notes |
|------------------|
|                  |

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