**Family History**

**Please identify family medical history.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Illness** | **Mother** | **Father** | **Sister** | **Brother** | **Maternal Grandmother** | **Maternal Grandfather** | **Paternal Grandmother** | **Paternal Grandfather** |
| Deceased |   |   |   |   |   |   |   |   |
|  - Deceased Cause |   |   |   |   |   |   |   |   |
|  Allergies |   |   |   |   |   |   |   |   |
| Arthritis |   |   |   |   |   |   |   |   |
| Asthma |   |   |   |   |   |   |   |   |
| Bleeding Disorder |  |  |  |  |  |  |  |  |
| Blood Clot |   |   |   |   |   |   |   |   |
| Blood Transfusion |   |   |   |   |   |   |   |   |
| Breast Cancer |  |  |  |  |  |  |  |  |
| Cervical Cancer |   |   |   |   |   |   |   |   |
| Clotting Disorder |  |  |  |  |  |  |  |  |
| Colon Cancer |  |  |  |  |  |  |  |  |
| Diabetes |  |  |  |  |  |  |  |  |
| Endometriosis |  |  |  |  |  |  |  |  |
| Excessive Body or Facial Hair (Hirsutism) |  |  |  |  |  |  |  |  |
| Headaches |  |  |  |  |  |  |  |  |
| Heart Disease |  |  |  |  |  |  |  |  |
| Heavy Periods |  |  |  |  |  |  |  |  |
| High Blood Pressure |   |   |   |   |   |   |   |   |
| High Cholesterol |   |   |   |   |   |   |   |   |
| Infertility |   |   |   |   |   |   |   |   |
| Irregular Periods |   |   |   |   |   |   |   |   |
| Kidney Disease |   |   |   |   |   |   |   |   |
| Lung Cancer |  |  |  |  |  |  |  |  |
| Mental Illness |   |   |   |   |   |   |   |   |
| Obesity |   |   |   |   |   |   |   |   |
| Osteoporosis |   |   |   |   |   |   |   |   |
| Ovarian Cancer |   |   |   |   |   |   |   |   |
| Painful Menstrual Periods |   |   |   |   |   |   |   |   |
| Polycystic Ovarian Syndrome |   |   |   |   |   |   |   |   |
| Seizures |   |   |   |   |   |   |   |   |
| Stroke |   |   |   |   |   |   |   |   |
| Substance Abuse |   |   |   |   |   |   |   |   |
| Suicide |   |   |   |   |   |   |   |   |
| Thyroid Disease |   |   |   |   |   |   |   |   |
| Uterine Cancer |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |