

Please fill in your family history with a check mark for anything that applies. Thank you

RELATIONSHIP	ALIVE/DECEASED	ARTHRITIS	ASTHMA	BIRTH DEFECTS	CANCER	COPD	DEPRESSION	DIABETES	EARLY DEATH	HEARING LOSS	HEART DISEASE	HIGH BLOOD PRESSURE	HIGH CHOLESTEROL	KIDNEY DISEASE	LEARNING DISABILITY	MENTAL ILLNESS	MENTAL RETARDATION	MISCARRIAGES	STROKE	SUBSTANCE ABUSE	VISION LOSS	OTHER	
MOTHER																							
FATHER																							
SISTER																							
BROTHER																							
DAUGHTER																							
SON																							
M AUNT																							
M UNCLE																							
P AUNT																							
P UNCLE																							
MGM																							
MGF																							
PGM																							
PGF																							
OTHER																							

MGM = MATERNAL GRANDMOTHER

MGF = MATERNAL GRANDFATHER

PGM = PATERNAL GRANDMOTHER

PGF = PATERNAL GRANDFATHER