



## Family History

Please complete all sections and return to the Medical Genetics department two weeks prior to your visit. If you need additional space, use the backs of the pages and indicate which section (A,B,C,D, or E) is being supplemented.

### Section A: Patient Information

Do you know your child's ancestry or ethnicity? (Yes) (No)

What countries or areas of the world did your father's family come from? \_\_\_\_\_

What countries or areas of the world did your mother's family come from? \_\_\_\_\_

### Section B: Patient's Children (If child leave blank)

Name	Gender	Living Age	Age of Death	# of Children	Medical/Diagnosis Information or any other additional information (i.e. death or diagnoses of children of these individuals)

**Name of Patient:**

**Section C: Patient's Siblings (If Any)**

Please list-- include (if any) miscarriages of the patient's mother. If you need more space, please use the back. Use the following for each:

- "S" for siblings with the **SAME** two parents as the patient
- "M" for siblings who have only the same **MOTHER** as the patient
- "F" for siblings who only have the same **FATHER** as the patient

Name	Gender	Living Age	Age of Death	S/M/F	# of Children	Medical/Diagnosis Information or any other additional information (i.e. death or diagnoses of children of these individuals)

**Section D: Patient's Parents and THEIR siblings (i.e. Aunts and Uncles of the Patient)**

	Gender	Living Age	Age of Death	S/M/F	# of Children	Age of Children	Medical/Diagnosis Information or any other additional information (i.e. death or diagnoses of children of these individuals)
Patient's Mother							
Mother's sibling #1							
Mother's sibling #2							
Mother's sibling #3							

**Name of Patient:**

**Section D: Continued**

	<b>Gender</b>	<b>Living Age</b>	<b>Age of Death</b>	<b>S/M/F</b>	<b>Medical/Diagnosis Information or any other additional information (i.e. death or diagnoses of children of these individuals)</b>
Patient's Father					
Father's sibling #1					
Father's sibling #2					
Father's sibling #3					

**Section E: Patient's Grandparents**

	<b>Gender</b>	<b>Living age</b>	<b>Age of Death</b>	<b># of Children</b>	<b>Abnormalities (if any) or cause of death</b>
Mother's Father					
Mother's Mother					
Father's Mother					
Father's Father					