

Patient name: _____ DOB: _____

Initial Family History

CIRCLE if any BIOLOGICAL family members (siblings, parents, grandparents) have any of the following:

*MGM= Maternal Grandmother, MGF= Maternal Grandfather, PGM= Paternal Grandmother,
PGF= Paternal Grandfather.*

Childhood hearing loss	Mother Father Brother Sister MGM MGF PGM PGF	Please explain:
Asthma	Mother Father Brother Sister MGM MGF PGM PGF	Please explain:
High cholesterol <30 yrs	Mother Father Brother Sister MGM MGF PGM PGF	Please explain:
Bleeding Disorder or blood disorder	Mother Father Brother Sister MGM MGF PGM PGF	Please explain:
Liver or kidney disease	Mother Father Brother Sister MGM MGF PGM PGF	Please explain:
Seizure disorder	Mother Father Brother Sister MGM MGF PGM PGF	Please explain:
Immune Problems, HIV/AIDS	Mother Father Brother Sister MGM MGF PGM PGF	Please explain:
Alcohol/ Drug abuse	Mother Father Brother Sister MGM MGF PGM PGF	Please explain:
Mental illness (anxiety, depression, etc)	Mother Father Brother Sister MGM MGF PGM PGF	Please explain:
Developmental disability/delay	Mother Father Brother Sister MGM MGF PGM PGF	Please explain:
Learning issues	Mother Father Brother Sister MGM MGF PGM PGF	Please explain:
ADHD/ADD	Mother Father Brother Sister MGM MGF PGM PGF	Please explain:
Other genetic diseases	Mother Father Brother Sister MGM MGF PGM PGF	Please explain:

Has any family member had sudden, unexplained death before age 50 (including SIDS, car accidents, drowning, unexplained heart attacks)? **YES NO**
if yes explain:

Any genetic heart conditions that run in the family like cardiomyopathy, long QT syndrome, arrhythmias, Marfan's Syndrome, or unexplained heart attack before age of 50? **YES NO**
if yes explain: