

FAMILY MEDICAL HISTORY

PROVIDING A FAMILY MEDICAL HISTORY CAN BE A VITAL TOOL FOR YOUR HEALTHCARE TEAM

BIRTH MOTHER: _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

CAUSE OF DEATH: _____

HEAD TRAUMA: _____

TOBACCO USE: _____

ALCOHOL USE: _____

DRUG USE: _____

PROBLEMS WITH MOBILITY: _____

PROBLEMS WITH SPEECH: _____

PROBLEMS WITH MEMORY: _____

MENTAL HEALTH ISSUES, SUCH AS DEPRESSION: _____

HEALTH ISSUES: _____

FATHER _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

CAUSE OF DEATH: _____

HEAD TRAUMA: _____

TOBACCO USE: _____

ALCOHOL USE: _____

DRUG USE: _____

PROBLEMS WITH MOBILITY: _____

PROBLEMS WITH SPEECH: _____

PROBLEMS WITH MEMORY: _____

MENTAL HEALTH ISSUES, SUCH AS DEPRESSION: _____

HEALTH ISSUES: _____

SIBLING _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

CAUSE OF DEATH: _____

HEAD TRAUMA: _____

TOBACCO USE: _____

ALCOHOL USE: _____

DRUG USE: _____

PROBLEMS WITH MOBILITY: _____

PROBLEMS WITH SPEECH: _____

PROBLEMS WITH MEMORY: _____

MENTAL HEALTH ISSUES, SUCH AS DEPRESSION: _____

HEALTH ISSUES: _____

SIBLING _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

CAUSE OF DEATH: _____

HEAD TRAUMA: _____

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DRUG USE: _____

PROBLEMS WITH MOBILITY: _____

PROBLEMS WITH SPEECH: _____

PROBLEMS WITH MEMORY: _____

MENTAL HEALTH ISSUES, SUCH AS DEPRESSION: _____

HEALTH ISSUES: _____

