Family Health History Form

Fill out both sides of this form about you, your partner and your families.
Read the directions for each section – they contain important information. Date _____

About you and your partner

	You	Your partner
Name		
Date of birth		
Job		
Marital status (single, married, divorced, widowed)		
Last grade of school completed		
Adopted	❍**Yes** ❍**No**	❍**Yes** ❍**No**

Ethnic background: Put a ✓in the box or boxes if you or your partner has ancestors from these ethnic backgrounds. This information is important because some diseases, like sickle cell and Tay-Sachs, run in people from certain backgrounds or parts of the world. It's OK to check more than one box.

	You	Your partner
African or African-American	❍	❍
Ashkenazi Jewish	❍	❍
Asian/Pacific Islander	❍	❍
Cajun or French Canadian	❍	❍
European Caucasian (from England, Germany, Ireland, Switzerland, etc.)	❍	❍
Hispanic (from Central or south America, Mexico, Puerto Rico, etc.)	❍	❍
Indian (from India)	❍	❍
Mediterranean (from Greece, Italy, Turkey, etc.)	❍	❍
Middle Eastern (from Egypt, Iran, Iraq, Lebanon, etc.)	❍	❍
Native American	❍	❍
Southeast Asian (from China, Laos, Vietnam, etc.)	❍	❍
Other. Please write it here:	❍	❍

Medicines and supplements: List all for you and your partner. Write the name of the medicine or supplement and how often and how much you take. If there are none, write "none".

		What? How often? How much? If there are none, write "none".
Prescription medicine	**You**	
	Your partner	
Over-the-counter medicine	**You**	
	Your partner	
Multivitamin, prenatal vitamin or other supplement	**You**	
	Your partner	

Harmful substances: List all for you and your partner. Write the name of the substance, and how often and how much you use or are exposed to it. If there are none, write "none".

		What? How often? How much? If there are none, write "none".
Smoking	**You**	
	Your partner	
Alcohol (beer, wine, liquor)	**You**	
	Your partner	
Street drugs (marijuana, cocaine, heroin, ecstasy, etc.)	**You**	
	Your partner	
Chemicals you use (weed killer, paint, paint thinner, turpentine, etc.)	**You**	
	Your partner	

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NAME_____ DOB_____

Health conditions: Put a ✓ in the "Yes", "No" box for any health conditions you, your partner or your family members have now or have had in the past. In the last column, write the family member who has the condition and which side of the family the person is from. Family members are anyone related to you by blood. Do not include family members who are adopted or part of your step-family.

	Yes	No	Tell us as much as you know about the person, such as the relationship to you and the person's age when the condition started.
Example: High blood pressure	✓	❍	***My dad's sister, 45 years old***
Anesthesia complications	❍	❍	
Autism	❍	❍	
Birth defects, including heart defects or spina bifida	❍	❍	
Blindness from birth or before age 40	❍	❍	
Blood clots or deep vein thrombosis (DVT)	❍	❍	
Cancer, such as breast, ovarian or colon	❍	❍	
Cystic fibrosis (CF)	❍	❍	
Deafness from birth or before age 40	❍	❍	
Diabetes	❍	❍	
Early menopause (before age 40)	❍	❍	
Heart disease, including heart attack	❍	❍	
Hemophilia/bleeding tendency	❍	❍	
High blood pressure	❍	❍	
Intellectual disabilities, including Fragile X syndrome or learning disabilities	❍	❍	
Mental illness, such as depression or anxiety	❍	❍	
Pain management	❍	❍	
Pulmonary embolism (PE)	❍	❍	
Repeat pregnancy losses (miscarriage, stillbirth)	❍	❍	
Seizures	❍	❍	
Sickle cell disease/trait	❍	❍	
Spinal muscular atrophy	❍	❍	
Stroke	❍	❍	
Sudden, unexpected death as an adult or child	❍	❍	
Tay-Sachs	❍	❍	
Thalassemia, a type of anemia	❍	❍	
von Willebrand disease	❍	❍	

If you, your partner or someone in your families has a medical condition that is not listed above, please write about it here:_____

_____

Have you or anyone in your family had a premature baby (born before 37 completed weeks of pregnancy)?

❍ Yes ❍ No If Yes, please explain_____

Have you, your partner or anyone in your families had genetic testing? ❍ Yes ❍ No

If yes, please explain:_____

_____

Are you and your partner first cousins or in any other way blood relatives? ❍ Yes ❍ No

If yes, please explain how you are related:_____