West Michigan Family Health

PERSONAL AND FAMILY MEDICAL HISTORY

PATIENT NAME_____ **DOB:**_____

Pat:Paternal-father's family
Mat:Maternal-mother's family

	Self	Child	Mother	Father	Brother	Sister	Pat GF	Pat GM	Mat GF	Mat GM
Abdominal Aortic Aneurysm										
Heart disease										
High blood pressure										
Stroke										
Diabetes										
Liver disease/hepatitis										
Asthma/Lung disease										
Kidney stones										
Kidney disease										
Thyroid disease										
Blood clot										
Bleeding problem										
Seizures										
HIV/AIDS										
Cancer - Breast										
Cancer - Colon										
Cancer - Melanoma										
Cancer - Ovarian										
Cancer - Prostate										
Alcohol/Drug abuse										
Mental illness										
Depression										
Suicide										