



### Family History Form

Date \_\_\_\_\_

Please complete as much of this form as possible and RETURN it before your next appointment. This information may be useful to your doctor prior to your appointment.

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Ethnicity \_\_\_\_\_

Name of parent, spouse or significant other \_\_\_\_\_

Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_

Referring Doctor \_\_\_\_\_

Family Doctor \_\_\_\_\_

Purpose of visit \_\_\_\_\_

History of Syncope/Fainting (explain) \_\_\_\_\_

\_\_\_\_\_

History of Palpitations (explain) \_\_\_\_\_

History of Arrhythmia (explain) \_\_\_\_\_

Family History of Sudden Cardiac Death \_\_\_\_\_

\_\_\_\_\_

Have you or family member had Genetic Testing done \_\_\_\_\_

If yes, do you know results \_\_\_\_\_

List any Health Problems you (the patient) have: \_\_\_\_\_

\_\_\_\_\_

List any hospitalizations (hospital, reason, dates) \_\_\_\_\_

What questions do you have that you would like answered? \_\_\_\_\_

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**The Patient's Brothers/Sisters and their Children**

List your brothers/sisters. Please include stillbirths (sb), miscarriages (m) and those deceased (d).

Name of Sibling	Date of Birth	Sex	Present Health	Sibling's Children mo/yr (list age & sex)
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are any of the above half-brothers/sisters and/or step-brothers/sisters? \_\_\_\_\_

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Are any of the above adopted or foster children? \_\_\_\_\_

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**Biological Mother of Patient**

Name \_\_\_\_\_ Maiden (family) name \_\_\_\_\_

Date and place of birth \_\_\_\_\_ Ethnic origin \_\_\_\_\_

Present Health \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mother's Brothers and Sisters and their Children**  
(Include stillbirths, miscarriages and deceased)

Name of Mother's Sibling	Date of Birth	Sex	Present Health	Sibling's Children mo/yr (list age & sex)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are any of the above half-brothers/sisters and/or step-brothers/sisters? \_\_\_\_\_  
\_\_\_\_\_

Other information of significance \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Maternal Grandfather**

Name \_\_\_\_\_  
Ethnic origin \_\_\_\_\_ Date & Place of Birth \_\_\_\_\_  
How many brothers? \_\_\_\_\_ How many sisters? \_\_\_\_\_  
Present Health (if deceased, date and cause of death) \_\_\_\_\_  
\_\_\_\_\_

**Maternal Grandmother**

Name \_\_\_\_\_

Ethnic origin \_\_\_\_\_ Date & Place of Birth \_\_\_\_\_

How many brothers? \_\_\_\_\_ How many sisters? \_\_\_\_\_

Present Health (if deceased, date and cause of death) \_\_\_\_\_

\_\_\_\_\_

Is there anyone else on the maternal side of the family that has any birth defects, mental retardation, or any other health concerns not yet mentioned? List each person affected and identify the problems.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Biological Father of Index Patient**

Name \_\_\_\_\_ Maiden (family) name \_\_\_\_\_

Date and place of birth \_\_\_\_\_ Ethnic origin \_\_\_\_\_

Present Health \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Father's Brothers and Sisters and their Children**

(Include stillbirths, miscarriages and deceased)

Name of Father's Sibling	Date of Birth	Sex	Present Health	Sibling's Children mo/yr (list age & sex)
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Are any of the above half-brothers/sisters and/or step-brothers/sisters? \_\_\_\_\_

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Other information of significance \_\_\_\_\_

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**Paternal Grandfather**

Name \_\_\_\_\_

Ethnic origin \_\_\_\_\_ Date & Place of Birth \_\_\_\_\_

How many brothers? \_\_\_\_\_ How many sisters? \_\_\_\_\_

Present Health (if deceased, date and cause of death) \_\_\_\_\_

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**Paternal Grandmother**

Name \_\_\_\_\_

Ethnic origin \_\_\_\_\_ Date & Place of Birth \_\_\_\_\_

How many brothers? \_\_\_\_\_ How many sisters? \_\_\_\_\_

Present Health (if deceased, date and cause of death) \_\_\_\_\_

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Is there anyone else on the paternal side of the family that has any birth defects, mental retardation, or any other health concerns not yet mentioned? List each person affected and identify the problems.

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