

# Family History of Medical Conditions

List conditions of family members. Check the box(es) if you **share(d)** the condition.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## Female Organs:

Breasts  
Cervix  
Ovaries  
Uterus  
Vagina

**Mother**

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## Large Organs:

Brain  
Heart  
Intestines  
(Bowel / Colon)  
Kidneys  
Liver  
Lungs  
Pancreas  
Skin  
Stomach

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## General

### Disorders:

Allergies  
Concentration  
Eating  
Infections  
Mental  
Rash  
Sleeping

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## Diseases:

Blood  
Cancer  
Pneumonia  
Sexually  
Transmitted  
Tropical  
Tuberculosis

**Grandmother**

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## Age Related:

Balance  
Blood Pressure  
Hearing  
Heart  
Memory  
Mobility  
Sight

**Substance Abuse:**  
Alcohol  
Drug

**Bites From:**  
Pet  
Spider  
Snake

**Accidents:**  
Auto  
Fall  
Fire Arm

**Military:**  
Action  
Training

**Operations:**  
Bones  
Cosmetic  
Organs

## Male Organs:

Penis  
Prostate  
Testes

**Father**

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**Grandfather**

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## Small Organs:

Ears  
Eyes  
Feet  
Fingers  
Gall Bladder  
Hands  
Nose / Sinuses  
Toes  
Throat

## Structures:

Arm Bones  
Ankles  
Circulation  
Glands  
Hair  
Head  
Knees  
Leg Bones  
Neck  
Nerves  
Pelvis  
Shoulders  
Spine  
Wrists

## Deformities Affecting Motion:

Arms  
Feet  
Hands  
Legs  
Spine