

# PHA'S EMPOWERED PATIENT ONLINE TOOLKIT



## FAMILY HISTORY FORM

**Patient Name:** \_\_\_\_\_ **Last Updated:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Sex:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **City, State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Spouse/Partner Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

### Biological Brothers/Sisters and their Children

Sibling Name	Date of Birth	Sex	Current Health	Children (age & sex)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Biological Mother Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_  
**Date and Place of Birth:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_  
**Current Health/Health Problems:** \_\_\_\_\_  
**If deceased, age at death and cause:** \_\_\_\_\_

### Mother's Siblings and their Children

Sibling Name	Date of Birth	Sex	Current Health	Children (age & sex)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEDICAL RECORDS

# PHA'S EMPOWERED PATIENT ONLINE TOOLKIT



## FAMILY HISTORY FORM II

**Maternal Grandfather Name:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_  
**Date and Place of Birth:** \_\_\_\_\_ **Number of Brothers:** \_\_\_\_\_ **Number of Sisters:** \_\_\_\_\_  
**Current Health/Health Problems:** \_\_\_\_\_  
**If deceased, age at death and cause:** \_\_\_\_\_

**Maternal Grandmother Name:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_  
**Date and Place of Birth:** \_\_\_\_\_ **Number of Brothers:** \_\_\_\_\_ **Number of Sisters:** \_\_\_\_\_  
**Current Health/Health Problems:** \_\_\_\_\_  
**If deceased, age at death and cause:** \_\_\_\_\_  
**Are there any other health concerns on the maternal side of the family not yet mentioned?** \_\_\_\_\_

**Biological Father Name:** \_\_\_\_\_ **Family Name:** \_\_\_\_\_  
**Date and Place of Birth:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_  
**Current Health/Health Problems:** \_\_\_\_\_  
**If deceased, age at death and cause:** \_\_\_\_\_

### Father's Siblings and their Children

Sibling Name	Date of Birth	Sex	Current Health	Children (age & sex)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEDICAL RECORDS

# PHA'S EMPOWERED PATIENT ONLINE TOOLKIT



## FAMILY HISTORY FORM III

**Paternal Grandfather Name:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_  
**Date and Place of Birth:** \_\_\_\_\_ **Number of Brothers:** \_\_\_\_\_ **Number of Sisters:** \_\_\_\_\_  
**Current Health/Health Problems:** \_\_\_\_\_  
**If deceased, age at death and cause:** \_\_\_\_\_

**Paternal Grandmother Name:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_  
**Date and Place of Birth:** \_\_\_\_\_ **Number of Brothers:** \_\_\_\_\_ **Number of Sisters:** \_\_\_\_\_  
**Current Health/Health Problems:** \_\_\_\_\_  
**If deceased, age at death and cause:** \_\_\_\_\_  
**Are there any other health concerns on the paternal side of the family not yet mentioned?** \_\_\_\_\_

**Additional notes:** \_\_\_\_\_  
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MEDICAL RECORDS