Biological Family History

Mother's health

- ☐ Diabetes
- ☐ High Blood Pressure
- ☐ Smoker
- ☐ Kidney Problems
- ☐ Asthma
- ☐ Epilepsy, Seizures
- ☐ Birth Defects*
- ☐ Deafness*
- ☐ Death UNDER 50 years of age*
- ☐ Other*
- ☐ DES Use
- ☐ Menstrual Problems*
- ☐ Heart Attack UNDER 60 years of age
- ☐ Stroke
- ☐ Stomach/Intestinal
- ☐ Intellectual Disability
- ☐ Blood Disease
  - ☐ (a) Anemia ☐ (b) Sickle Cell
- ☐ Allergies
- ☐ Bone/Joint Problems
- ☐ High Cholesterol
- ☐ Cancer
- ☐ Urinary Problems
- ☐ Muscle/Nerve Disease

* Please Explain:

Father's health

- ☐ Diabetes
- ☐ High Blood Pressure
- ☐ Smoker
- ☐ Kidney Problems
- ☐ Asthma
- ☐ Epilepsy, Seizures
- ☐ Birth Defects*
- ☐ Deafness*
- ☐ Death UNDER 50 years of age*
- ☐ Other*
- ☐ Urinary Problems
- ☐ Heart Attack UNDER 60 years of age
- ☐ Stroke
- ☐ Stomach/Intestinal
- ☐ Intellectual Disability
- ☐ Blood Disease
  - ☐ (a) Anemia ☐ (b) Sickle Cell
- ☐ Allergies
- ☐ Bone/Joint Problems
- ☐ High Cholesterol
- ☐ Cancer
- ☐ Muscle/Nerve Disease

* Please Explain:

Name: ______________________ **DOB**: ________________

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