**Family Medical History**

**Mother’s Family (include mother’s parents, brothers, and sisters):**

|  |  |  |
| --- | --- | --- |
| Health Condition(s) / Illnesses | Dates Diagnosed | Relationship to Child |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Father’s Family (include father’s parents, brothers, and sisters):**

|  |  |  |
| --- | --- | --- |
| Health Condition(s) / Illnesses | Dates Diagnosed | Relationship to Child |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Child’s Sisters or Brothers:**

|  |  |  |
| --- | --- | --- |
| Health Condition(s) / Illnesses | Dates Diagnosed | Relationship to Child |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Tip:** Family medical history forms may contain references to “maternal” or

“paternal” relatives. “Maternal” means on the mother’s side of the family. “Paternal” means on the father’s side of the family.

****

***Need more copies?***

*Contact the Northern Regional Center at 1-866-640-4106*

Website: www.northernregionalcenter.org

Email: specialneedsinfo@co.marathon.wi.us

*Adapted from Rhode Island Complete Care Notebook, 2020*