

MICHIGAN STATE UNIVERSITY GENETICS CLINIC

FAMILY HISTORY FORM

PATIENT'S NAME : _____ DATE OF BIRTH: _____
 OCCUPATION: _____

I. Brothers and Sisters: (Include the patient)

List all pregnancies of the patient's parents in order of occurrence, include the patient and any losses.
 If deceased, please indicate age at death and cause.

A. Name (first, last) and Sex	Age	Health	B. Children: Name, Age	Health
1. Circle: Male or Female			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
2. Male or Female			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
3. Male or Female			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
4. Male or Female			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
5. Male or Female			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
6. Male or Female			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
7. Male or Female			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
8. Male or Female			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	

Do any of the above have a different father or mother than the patient? If yes, who and which parent is different:

II. Patient's Mother

Name: _____ Maiden Name: _____
 Last First M.I.
 Date of Birth: _____ Height: _____
 Health (if deceased please indicate age and cause): _____

III. Patient's Mother's Brothers/Sisters (patient's aunts/uncles)

List in order of birth, include patient's mother. If deceased, please indicate age at death and cause.

A. Name (first, last) and Sex	Age	Health	B. Children: Name, Age	Health
1. Circle: Male or Female			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
2. Male or Female			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
3. Male or Female			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
4. Male or Female			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
5. Male or Female			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
6. Male or Female			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
7. Male or Female			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
8. Male or Female			1. _____ 2. _____ 3. _____ 4. _____ 5. _____	

Do any of the above have a different father or mother than the patient's mother? If yes, who and which parent is different:

VI. Patient's Maternal Grandmother (patient's mother's mother)

Name: _____ Maiden Name: _____
Last First M.I.

Date of Birth: _____ Date of Death and cause: _____

Country of Origin or Ethnic Background: _____

Health:

VII. Patient's Maternal Grandfather (patient's mother's father)

Name: _____
Last First M.I.

Date of Birth: _____ Date of Death and cause: _____

Country of Origin or Ethnic Background: _____

Health:

VIII. Patient's Paternal Grandmother (patient's father's mother)

Name: _____ Maiden Name: _____
Last First M.I.

Date of Birth: _____ Date of Death and cause: _____

Country of Origin or Ethnic Background: _____

Health:

IX. Patient's Paternal Grandfather (patient's father's father)

Name: _____
Last First M.I.

Date of Birth: _____ Date of Death and cause: _____

Country of Origin or Ethnic Background: _____

Health:

X. Additional information or comments: