

Family History Form

Kornweiss Medical LLC

Steven Kornweiss, MD

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Instructions

Please fill out this form for each first degree relative (all siblings, parents, and children) whether they are healthy or not.

It's beneficial if you're also able to fill it out for second degree relatives (grandparents, aunts, uncles, cousins, nephews, nieces, half-siblings, and grandchildren).

Questions for Each Family Member

- Family member's relationship to the patient (e.g. mother, father, brother, sister, maternal grandmother (MGM), paternal grandfather (PGF), etc.)
- Initials
- Is the family member living?
- If alive, how old is the family member. If deceased, at what age did they pass?
- If deceased, please indicate the cause of death, to the best of your knowledge, and in as much detail as possible.
- Please read each medical problem and indicate any that apply to your family member.

CONDITION	YES/NO OR +/-	AGE OF ONSET
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**Cardiovascular and
Cerebrovascular**

Arrhythmia
(e.g. SVT, Atrial Fibrillation,
or
Ventricular Tachycardia)

Aneurysm

Carotid Artery Disease

Congenital Heart
Abnormality

Congestive Heart Failure

Coronary Artery Disease or
Atherosclerosis

High Blood Pressure

Heart Valve Problems
(e.g. Aortic Stenosis)

Hypercholesterolemia or
Dyslipidemia

Heart Attack
(Myocardial Infarction)

Peripheral Arterial Disease

Sudden Cardiac Death or
Sudden Death

Stroke

Syncope (fainting)

Clotting

Blood Clotting Disorder
(e.g. Factor V Leiden, Protein
C deficiency, etc.)

Deep Vein Thrombosis
(blood clot in the veins of the
legs, pelvis, or brain)

Pulmonary Embolism
(blood clot in the arteries of
the lungs)

Metabolic / Endocrine

Diabetes

Fatty Liver Disease

Thyroid Problems

Neurologic / Psychiatric

Cognitive Impairment

Dementia (e.g. Alzheimer's)

Movement Disorder (e.g.
dystonia, Parkinson's)

Psychiatric Illness
(e.g. schizophrenia, bipolar
disorder, major depression)

Seizures

Inflammatory / Immune

Arthritis
(e.g. osteoarthritis,
Rheumatoid, Gout, etc.)

Autoimmune Conditions
(e.g. Lupus, Sjogren's,
Rheumatoid Arthritis)

Connective Tissue Disorder
(e.g. Marfan's, Ehlers Danlos,
etc.)

Immune Deficiency

Inflammatory bowel disease
(e.g. Crohn's, Ulcerative
Colitis)

Cancer

- Please indicate any additional health problems.
- For each condition selected above, provide as much detail as possible about the diagnosis, age of onset, circumstances, treatments, and outcomes.
- Where did the family member spend most of their life (Provide the most accurate geographical detail possible)?

- Did the family member smoke cigarettes?
- How many packs per day and for how many years (e.g. 1 pack per day for 20 years)?
- Did the family member drink alcohol?
- Indicate the amount of alcohol consumption (e.g. 1 glass of red wine nightly for 20 years).
- Provide any additional information you have about this family member's ethnicity, genetics, or any additional information about their life, health, and/or circumstances of aging and death that might be relevant to assessing their health - (e.g. occupation, diet, exposures, etc).