



## FAMILY MEDICAL HISTORY FORM

- Mother and father
- Grandparents
- Children
- Brothers and sisters (including half-siblings)
- Grandchildren
- Aunts and uncles
- Nieces and nephews
- First cousins

- Cancer (including site and type of cancer if known) (For example: invasive ductal breast cancer)
- Intellectual disability or developmental delay
- Birth defects
- Blindness or deafness
- Multiple miscarriages (3 or more), stillbirths, or infant deaths
- Muscle diseases
- Neurological diseases
- Any known genetic/inherited condition
- Symptoms similar to yours

[illegible]