

## FAMILY HEALTH HISTORY FORM

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Blood and Rh Type: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please note any serious or chronic diseases you have experienced, with special attention to the following:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Alcoholism   | <input type="checkbox"/> Hypertension (high blood pressure)                                   | <input type="checkbox"/> Obesity   |
| <input type="checkbox"/> Allergies  | <input type="checkbox"/> Learning disabilities (dyslexia, attention deficit disorder, autism) | <input type="checkbox"/> Phenylketonuria (PKU)                                       |
| <input type="checkbox"/> Arthritis  | <input type="checkbox"/> Liver disease (particularly hepatitis)                               | <input type="checkbox"/> Recurrent or severe infections                              |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Lupus  | <input type="checkbox"/> Respiratory disease (emphysema, bacterial pneumonia)        |
| <input type="checkbox"/> Blood diseases (hemophilia, sickle cell anemia, thalassemia) | <input type="checkbox"/> Mental illness (manic-depressive disorders, schizophrenia)           | <input type="checkbox"/> Rh disease  |
| <input type="checkbox"/> Cancer (breast, bowel, colon, ovarian, skin, stomach)        | <input type="checkbox"/> Mental retardation (Down syndrome, fragile X syndrome, etc.)         | <input type="checkbox"/> Skin disorders (particularly psoriasis)                     |
| <input type="checkbox"/> Cystic fibrosis  | <input type="checkbox"/> Migraine headaches   | <input type="checkbox"/> Tay-Sachs disease   |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Miscarriages or neonatal deaths                                      | <input type="checkbox"/> Thyroid disorders   |
| <input type="checkbox"/> Epilepsy   | <input type="checkbox"/> Multiple sclerosis   | <input type="checkbox"/> Tuberculosis  |
| <input type="checkbox"/> Familial high blood cholesterol levels                       | <input type="checkbox"/> Muscular dystrophy   | <input type="checkbox"/> Visual disorders (dyslexia, glaucoma, retinitis pigmentosa) |
| <input type="checkbox"/> Hearing defects  | <input type="checkbox"/> Myasthenia gravis  | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Heart defects  |   |  |
| <input type="checkbox"/> Huntington disease   |   |  |

Please note names of your relatives below, along with indications of any illnesses, such as those above, which affected them. Also make note of lifestyle habits such as smoking.

Father \_\_\_\_\_

Mother \_\_\_\_\_

Brothers and sisters \_\_\_\_\_

Children of brothers and sisters \_\_\_\_\_

If deceased, age and cause \_\_\_\_\_

All materials provided by the March of Dimes are for information purposes only and do not constitute medical advice.

### About the March of Dimes

The mission of the March of Dimes Birth Defects Foundation is to improve the health of babies by preventing birth defects and infant mortality. The March of Dimes carries out its mission through programs of research, community services, education and advocacy.

### QUESTIONS?

Call: 888-MODIMES  
Visit: [www.modimes.org](http://www.modimes.org)

To order multiple copies:  
Call: 1-800-367-6630  
Or write:  
March of Dimes  
P.O. Box 1657  
Wilkes-Barre, PA 18703

*Saving babies, together* is a service mark of the March of Dimes Birth Defects Foundation.

© March of Dimes Birth Defects Foundation, 1999  
09-022-00 12/99

*Saving babies, together*®