

47. FAMILY HISTORY: For each member of your family, follow the grey or white line across the page and check the boxes for:

1. Their present state of health, and
2. Any illnesses they have had.

(Note: Except for spouse, Family refers to blood or natural relatives.)

PRINT NAMES BELOW

	<i>Good Health</i>	<i>Poor Health</i>	<i>Deceased</i>	Write in age and cause of death. Include accidents and suicides.	<i>Alcoholism</i>	<i>Allergies or Asthma</i>	<i>Alzheimer's or Dementia</i>	<i>Anemia</i>	<i>Blood Clotting Problems</i>	<i>Diabetes</i>	<i>Cancer or Tumor</i>	<i>Epilepsy</i>	<i>Genetic Disease</i>	<i>Heart Trouble</i>	<i>High Blood Pressure</i>	<i>Kidney or Bladder Dis.</i>	<i>Nervous Breakdown</i>	<i>Rheumatism or Arthritis</i>	<i>Stomach or Duodenal Ulcer</i>	
Father																				
Mother:																				
Brothers/Sisters:																				
Spouse:																				
Child:																				
Child:																				
Child:																				
Child:																				
Paternal relatives (in each box, write in how many affected with condition):																				
Maternal relatives (in each box, write in how many affected with condition):																				