Indicate any of the following health problems have occurred to any blood relatives, including patient’s parents, siblings (full and half), and children.

Write Y for Yes, N for No, and D.K. for Don’t Know.

|  | **Health Problems** | **Mother** | **Father** | **Brothers** | **Sisters** | **Son** | **Daughter** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Example: Allergies | Y, eczema | N | Y, eczema | Y, asthma | N | N |  |
|  | **Blood Disorders** |  |  |  |  |  |  |  |
|  | Anemia requiring treatment/transfusions (iron deficiency, sickle cell, thalassemia)  Specify: |  |  |  |  |  |  |  |
|  | Bleeding disorder or blood clots in legs or lungs  Specify: |  |  |  |  |  |  |  |
|  | Leukemia or lymphoma |  |  |  |  |  |  |  |
|  | **Cardiovascular** |  |  |  |  |  |  |  |
|  | High blood pressure (hypertension) |  |  |  |  |  |  |  |
|  | Very low blood pressure, orthostatic hypotension  Specify: |  |  |  |  |  |  |  |
|  | High total or LDL (“bad”) cholesterol, or triglycerides  Specify: |  |  |  |  |  |  |  |
|  | Heart attack, coronary artery disease, angina, bypass surgery, stent placement, other  Specify: |  |  |  |  |  |  |  |
|  | Cardiomyopathy, myocarditis, heart valve disease, heart failure, other  Specify: |  |  |  |  |  |  |  |
|  | Heart arrhythmia, atrial fibrillation, fainting, pacemaker  Specify: |  |  |  |  |  |  |  |
|  | Raynaud’s phenomenon/syndrome |  |  |  |  |  |  |  |
|  | **Chest** |  |  |  |  |  |  |  |
|  | Lung or breathing problems (asthma, COPD, other)  Specify: |  |  |  |  |  |  |  |
|  | **Endocrine/Metabolic** |  |  |  |  |  |  |  |
|  | Thyroid disease: Hypothyroid (underactive thyroid, like Hashimoto’s), overactive thyroid, thyroid nodules, thyroid cancer, other  Specify: |  |  |  |  |  |  |  |
|  | Diabetes (indicate if type I; type II)  Specify: |  |  |  |  |  |  |  |
|  | Metabolic syndrome or pre-diabetes |  |  |  |  |  |  |  |
|  | Pituitary, adrenal, or other endocrine disorder  Specify: |  |  |  |  |  |  |  |
|  | Obesity |  |  |  |  |  |  |  |
|  | **Gastrointestinal** |  |  |  |  |  |  |  |
|  | Stomach problems (e.g., gastro-esophageal reflux disorder (GERD/heartburn, ulcers, celiac disease, or other) (specify) |  |  |  |  |  |  |  |
|  | Intestine problems (e.g., colon polyps, colon cancer, ulcerative colitis, Crohns disease, other  Specify: |  |  |  |  |  |  |  |
|  | **Neurological** |  |  |  |  |  |  |  |
|  | Seizures, convulsions, epilepsy, pseudoseizures  Specify: |  |  |  |  |  |  |  |
|  | Parkinson's disease |  |  |  |  |  |  |  |
|  | Alzheimer’s disease or other dementia  Specify type and age of onset: |  |  |  |  |  |  |  |
|  | Multiple sclerosis |  |  |  |  |  |  |  |
|  | Stroke or TIA (mini-stroke) |  |  |  |  |  |  |  |
|  | Primary sleep disorders: obstructive or central sleep apnea, narcolepsy, restless legs syndrome, other  Specify: |  |  |  |  |  |  |  |
|  | Neuromuscular disorders: (e.g., Huntington’s, amyotrophic lateral sclerosis, muscular dystrophy, myasthenia gravis  Specify: |  |  |  |  |  |  |  |
|  | **Rheumatological** |  |  |  |  |  |  |  |
|  | Osteoarthritis (specify major joints involved if possible) |  |  |  |  |  |  |  |
|  | Rheumatoid arthritis, Systemic Lupus, Sjogren’s, Polymyalgia Rheumatica, or other  Specify: |  |  |  |  |  |  |  |
|  | Fibromyalgia or myofascial pain syndrome |  |  |  |  |  |  |  |
|  | **Psychological** |  |  |  |  |  |  |  |
|  | Anxiety/panic disorder |  |  |  |  |  |  |  |
|  | Depression |  |  |  |  |  |  |  |
|  | Anorexia or bulimia |  |  |  |  |  |  |  |
|  | Substance abuse (alcohol, drugs) |  |  |  |  |  |  |  |
|  | Obsessive-compulsive disorder, attention deficit disorder  Specify: |  |  |  |  |  |  |  |
|  | Bipolar disorder/manic depressive disorder |  |  |  |  |  |  |  |
|  | Other type of psychosis  Specify: |  |  |  |  |  |  |  |
|  | **Other conditions** |  |  |  |  |  |  |  |
|  | Allergies: nasal, skin (eczema), asthma, food, hives, anaphylaxis, other  Specify: |  |  |  |  |  |  |  |
|  | Kidney or bladder stones or infections, or other urine system problems  Specify: |  |  |  |  |  |  |  |
|  | Cancer  Specify type, site, age when diagnosed) |  |  |  |  |  |  |  |
|  | Irritable bowel syndrome (IBS) |  |  |  |  |  |  |  |
|  | Multiple chemical sensitivities (MCS) |  |  |  |  |  |  |  |
|  | Temporo-mandibular joint disorder (TMJ) |  |  |  |  |  |  |  |
|  | Migraine headaches |  |  |  |  |  |  |  |
|  | Gulf War Syndrome |  |  |  |  |  |  |  |
|  | Chronic fatigue syndrome, post-infectious fatigue syndrome, myalgic encephalomyelitis (ME), other  Specify: |  |  |  |  |  |  |  |
|  | Frequent fatigue of uncertain cause (not ME or CFS) |  |  |  |  |  |  |  |
|  | Polycystic ovaries, polycystic ovarian syndrome |  |  |  |  |  |  |  |
|  | Infertility |  |  |  |  |  |  |  |
|  | Endometriosis |  |  |  |  |  |  |  |
|  | Other gynecologic condition  Specify: |  |  |  |  |  |  |  |
|  | Birth, familial or genetic defects, Marfan Syndrome, Ehlers Danlos Syndrome  Specify defect: |  |  |  |  |  |  |  |
|  | Other important conditions (including autoimmune diseases)  Specify: |  |  |  |  |  |  |  |