Samuel Y. Brown MP, AP, MC Questionnaire

Mother and Age	Father and Age

Email address: _____

INSTRUCTIONS: Please **print or write legibly.** Fill additional sheets out for each child. **Only one (1)** SOCIAL AND FAMILY History form needs to be completed. Comment on specifics.

List all Children and DOB (Date of Birth)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

FAMILY SOCIAL HISTORY (SH)

Parent's marital status:
☐ Single ☐ Married ☐ Divorced and who has custody? _____

What are your living arrangements?
☐ House (Age? _____) ☐ Apartment
☐ Rent ☐ Own

How many adults live in the household? _____ How many children live in the household? _____

Parents Employed? Mother? Y N By Whom? _____
Father? Y N By Whom? _____

FAMILY HISTORY: "M" Indicates Maternal (Mother's) side, "F" indicates Paternal (Father") side:

M	F	Disease
☐	☐	Unknown / No Information
☐	☐	No inheritable medical problems
☐	☐	Alcoholism / drug use
☐	☐	Allergies
☐	☐	Asthma
☐	☐	Bleeding disorders
☐	☐	Cancer
☐	☐	Cerebrovascular disease (stroke)
☐	☐	Crohn's disease
☐	☐	Depression
☐	☐	Diabetes
☐	☐	Eczema
☐	☐	Early heart attacks (< age 50)
☐	☐	Hearing loss

M	F	Disease
☐	☐	Heart disease
☐	☐	Heartburn (GERD)
☐	☐	High cholesterol
☐	☐	High blood pressure
☐	☐	Hyperthyroid (over-active thyroid)
☐	☐	Hypothyroid (under-active thyroid)
☐	☐	Iron deficiency / anemia
☐	☐	Kidney disease
☐	☐	Lupus
☐	☐	Mental illness(other than depression)
☐	☐	Rheumatoid arthritis
☐	☐	Seizures
☐	☐	Tuberculosis
☐	☐	Ulcerative colitis

List any other inherited health issues or serious health problems present in either side of the family not covered on the list above:

_____

_____