

WISCONSIN CLINICAL GENETICS CENTER
FAMILY HISTORY

NAME _____ SEX _____ BIRTHDATE _____

PLEASE ANSWER THE FOLLOWING:

What questions and/or concerns would you like to have addressed at this visit?

When were these concerns or problems first noted?

Was a specific diagnosis made? If so, what was it, when was it made, and who made it?

IF MEDICAL RECORDS ARE NOT AVAILABLE, PLEASE SUPPLY THE FOLLOWING INFORMATION ABOUT YOURSELF:

SURGERIES OR HOSPITALIZATIONS

ILLNESSES, CHRONIC INFECTIONS AND OTHER HEALTH PROBLEMS

SPECIFIC MEDICAL TESTING (include hearing and vision tests)

SPECIAL TREATMENT, THERAPY, PRESCRIPTIONS

Your birth weight _____ Your birth length _____
Current height _____ Occupation _____

OTHER (please include any additional information about yourself which may be relevant to the current evaluations; use back of this page for additional space if necessary):

YOUR CHILDREN/PREGNANCIES

(Please include all children, living and deceased, including pregnancy losses and stillbirths)

Name & age or birthdate	Sex	Birth size and problems, if any	Health/medical problems; birth problems or defects; physical or mental or developmental concerns

(if additional space is needed, please use the back of this page)

Do any of the above have a different father or mother? If yes, please explain:

If deceased, cause of death and age:_____

Ancestry (country of origin, ethnic or racial background)_____

Health/medical problems; physical/mental concerns; other features:

Father's father:_____ Birthdate_____

(last name) (first name)

If deceased, cause of death and age:_____

Ancestry (country of origin, ethnic or racial background)_____

Health/medical problems; physical/mental concerns; other features:

ADDITIONAL QUESTIONS AND CONCERNS:

Does any relative not previously listed have any birth defects, disabling conditions, cognitive impairments, or other concerns? If so, please explain:

Are any of the parents or grandparents related to each other? If so, please explain:

Is there anything else in the personal, medical, or family histories which you want us to know about?

Name of person completing this form_____

Current date_____