

In reference to: _____

WISCONSIN CLINICAL GENETICS CENTER
FAMILY HISTORY

NAME _____ SEX _____ BIRTHDATE _____

Please supply the following information about yourself:

Your birth weight _____ Your birth length _____

Were there any complications during your mother's pregnancy, your delivery, or problems noted at your birth or shortly after?

If yes, please explain problem and treatment.

SURGERIES OR HOSPITALIZATIONS (include age or dates)

MAJOR ILLNESSES, CHRONIC CONDITIONS OR HEALTH CONCERNS INCLUDING PHYSICAL / MENTAL / DEVELOPMENTAL CHARACTERISTICS

SPECIFIC MEDICAL TESTING FOR ANY OF THE ABOVE

SPECIAL TREATMENTS, PRESCRIBED MEDICATIONS

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_____