Family history questionnaire (three generations)

For the patient or caregiver to complete before the appointment.

Patient name or ID _____ Date _____

Completed by (relationship to patient) _____

Please list blood relatives over three generations: brothers and sisters, parents, aunts and uncles, grandparents, and children. Write “not known” where you are unsure; do not guess.

Relative (e.g. mother, maternal aunt)	Sex	Alive / deceased (age)	Similar or other health problems	Age when it started	Genetic test done?

Questions about the family

Are the patient’s parents related by blood (for example cousins)? ☐ Yes ☐ No ☐ Not known If yes, how: _____

Number of miscarriages in the family (who) _____ Stillbirths or deaths in infancy (who) _____

Mother’s age at the patient’s birth _____ Father’s age at the patient’s birth _____

Countries or regions the family comes from (optional) _____

Any known genetic condition in the family, and who has it

_____

Anything else you think is important

Your answers are used to draw a family tree (pedigree). Relatives are identified by relationship only unless you choose to give names.

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