



Washington University School of Medicine
Department of Pediatrics
Family History Form

A careful review of your family's medical history will be an important part of your consultation. Since it may be difficult to remember details of family relationships or medical history at the time of your appointment, we ask that you complete this form in advance.

Not only will this shorten the time necessary for the interview but it will also help the medical geneticist provide you with the most accurate information. Guidelines below will explain the symbols used in compiling your family history.

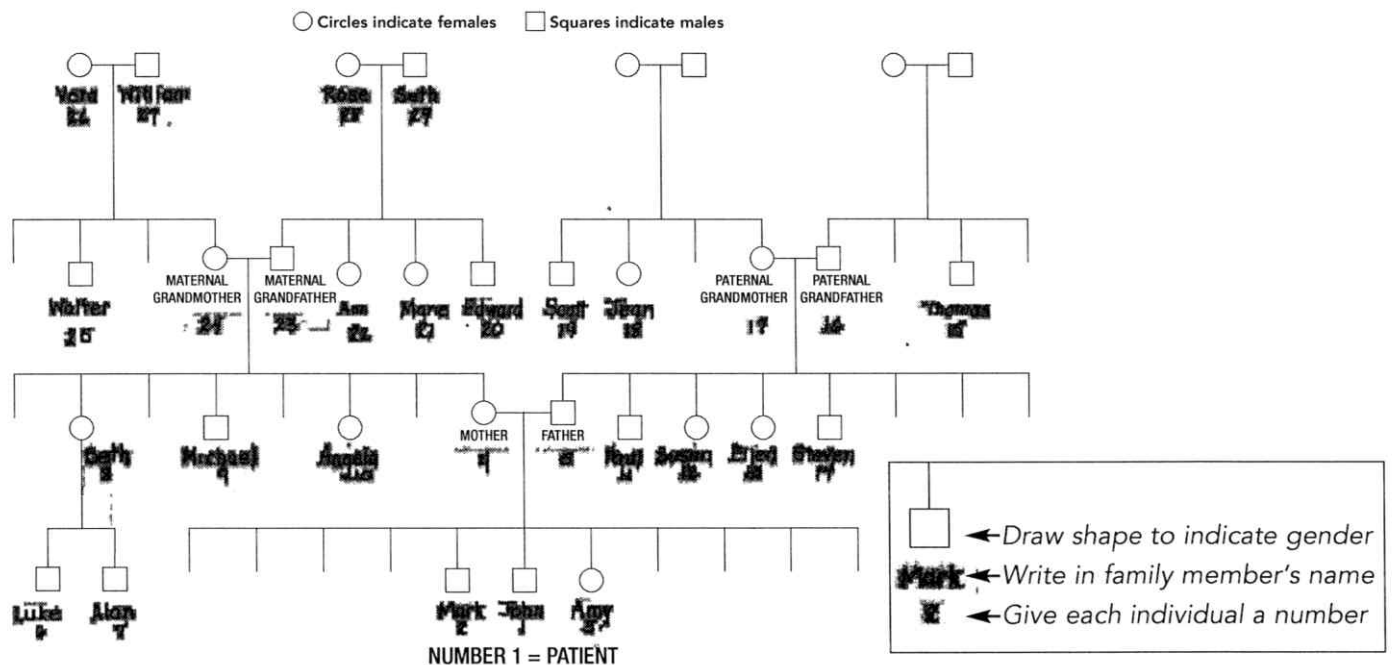
GUIDELINES FOR COMPLETING FAMILY HISTORY FORM

1) Family Tree: At the bottom of this page is a sample of a completed family tree. On page two is a blank family tree to be completed for the patient's family. Circles indicate females, and squares indicate males. Start at the bottom of the form, and draw a circle if the patient is a female or square if patient is a male. Write in the patient's name underneath. Write the number 1 under the patient's name. Add the patient's sisters (as circles) and brothers (as squares) along the connecting line.

On the line above is a circle representing the patient's mother and a square representing the father. Add the mother's brothers and sisters to the connecting line on the left and the father's brothers and sisters to the connecting line on the right. Repeat for the next generation back, and so on. Each family member should be given a number.

2) Family Members: Next to the matching number you gave for each individual on the family tree, write the family member's name; current age; medical problems; and, if deceased, age at death and cause of death.

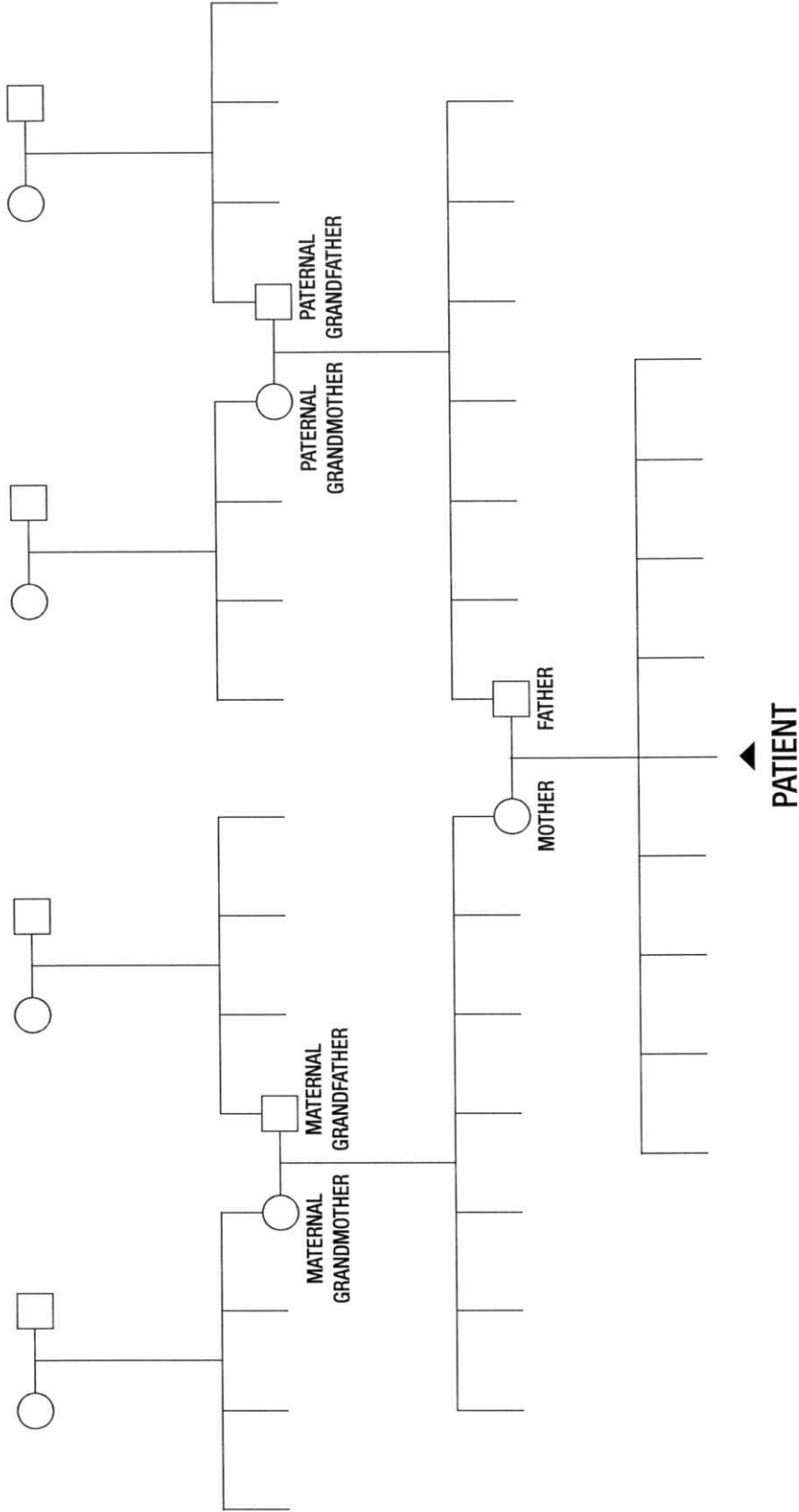
FAMILY TREE EXAMPLE



FAMILY TREE

Patient Name _____ DOB _____

An example of a completed Family Tree is included on the previous page.



FOR STAFF ONLY

Family history obtained on _____
 Reviewed by _____
 _____ birth defects _____ recurrent SAB _____ consanguinity _____ further children
 _____ ID/LD _____ early infant deaths _____ cancer <50



Patient Name _____ DOB _____

FAMILY MEMBERS

No.	First Name	Current Age	List Birth Defects, Serious Illnesses/Conditions	Age at Death and Cause of Death
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Patient Name _____ DOB _____

FAMILY MEMBERS continued

No.	First Name	Current Age	List Birth Defects, Serious Illnesses/Conditions	Age at Death and Cause of Death
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				