

**FAMILY  
HISTORY**

**IF LIVING:  
AGE & HEALTH PROBLEMS**

**IF DECEASED:  
AGE & CAUSE**

**FATHER** \_\_\_\_\_

**MOTHER** \_\_\_\_\_

**BROTHER** \_\_\_\_\_

**SISTER** \_\_\_\_\_

**SON** \_\_\_\_\_

**DAUGHTER** \_\_\_\_\_

**HUSBAND** \_\_\_\_\_

**WIFE** \_\_\_\_\_

**PLEASE LIST TWO OR THREE PEOPLE, INCLUDE THEIR PHONE NUMBER  
AND RELATIONSHIP TO YOU, FOR EMERGENCY CONTACT:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**PLEASE LIST ANY PERSON THAT IS WITH YOU AT YOUR APPT TODAY:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_