



## FAMILY HISTORY

Please indicate family members with any of the following conditions:

Alcoholism \_\_\_\_\_

Cancer, specify type \_\_\_\_\_

Heart disease \_\_\_\_\_

Anxiety/depression/suicide \_\_\_\_\_

Blood disorders \_\_\_\_\_

Genetic disorders \_\_\_\_\_

Diabetes \_\_\_\_\_

Kidney disease \_\_\_\_\_

Anesthesia complications \_\_\_\_\_

High cholesterol \_\_\_\_\_

High blood pressure \_\_\_\_\_

Stroke \_\_\_\_\_

Lung problems \_\_\_\_\_

Asthma \_\_\_\_\_

Alzheimer's disease \_\_\_\_\_

Other \_\_\_\_\_