

Do not write, stamp,
punch holes or affix a
sticker in this area.

Personal / Family History

Please answer every question

To reproduce, follow the
printing instructions.
Do not fold this form.

FAMILY MEDICAL HISTORY

Please indicate which family members have had these illnesses:

	Father	Mother	Siblings
Abnormal Heart Rhythm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Congenital Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Blood Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sudden Death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Valve Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NO SIGNIFICANT FAMILY MEDICAL HISTORY

Mother, Grandmother, or Sister developed heart disease before the age of 60

Father, Grandfather, or Brother developed heart disease before the age of 55

Mother Status

- Alive
 Deceased ▶
 Unknown

If deceased, died of...

- Heart Attack/Sudden Death
 Other

... at the age of:

- < 60
 60+

Father Status

- Alive
 Deceased ▶
 Unknown

If deceased, died of...

- Heart Attack/Sudden Death
 Other

... at the age of:

- < 55
 55+

Patient living with: (Mark all that apply.)

- Alone
 With family/friends
 In an assisted living facility

Ethnic Background:

- Caucasian
 African American
 Hispanic
 Asian
 Other
 Prefer not to disclose this information