

Maternal & Paternal Example Sheet

Date of Interview: Date information was collected

Name: Use Full Name. Middle if known. Maiden: Woman's last name at birth.

Relation: Relationship to you.

Date of Birth: DD/MM/YYYY Date of Death: DD/MM/YYYY Age: Current age or age at time of death.

Place of Birth: City, State, Country Nationality/Country of Origin: Ex: Italy. Greece, Russia, Poland

Married? Yes or No Circle one Date of Marriage: DD/MM/YYYY Name: Woman's last name at birth.

(include maiden)

Health History: check and explain in the room provided

___ Vision Problems: *Blindness, Color Blindness, Glasses, Contacts, Glaucoma, Cataracts, etc.*

___ Hearing Problems: *Deafness, Hearing Loss of any kind, Ringing in the ears, Do they use a hearing aid, etc.*

___ Polio:

___ Asthma:

___ Seizures: *Epilepsy*

dicati ___ H ___ High Blood Pressure:

___ Cholesterol: *High levels, On medication*

___ Diabetes: *(Type 1 is at birth & Type 2 is adult onset):*

___ Cancer: *Specify what kind.*

___ Heart Disease: *Heart Attack, Irregular Heartbeat, Heart Murmur, etc.*

___ Mental Disorders: *Alzheimer's, Depression, Autism, Schizophrenia, Anxiety, Eating Disorders, Bi-Polar, etc.*

___ Blood Disorders: *Sickle Cell Anemia, Hemophiliac, etc.*

___ Alcohol Use:

___ Tobacco Use:

___ Physical Disabilities: *Missing Limbs, Paralysis, Club Foot, Cerebral Palsy, Multiple Sclerosis, Muscular Dystrophy*

___ Allergies: *Animals, Foods, Pollen, Mold, etc.*

___ Surgeries: *gall bladder, appendix, tonsils, etc.*

___ Obesity:

___ Other (please explain): *Stroke, Down's Syndrome, Lung Disease, Organ Transplant, Amputation, Baldness, or anything else you think is important.*

*Interesting Facts Other Than Health Related: *Military Service, Occupation, Accomplishments, including anything you found personally interesting.*

