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FAMILY MEDICAL HISTORY

MOTHER OR FATHER

NAME _____

DOB _____

APRX AGE _____

LIVING YES NO

IF NO CAUSE OF DEATH _____

ETHNICITY

_____ HISPANIC / LATINO

_____ NOT HISPANIC/ LATINO

RACE

_____ AMERICAN INDIAN OR ALASKA NATIVE

_____ ASIAN

_____ BLACK OR AFRICAN AMERICAN

_____ WHITE

_____ OTHER RACE

SMOKING STATUS

_____ CURRENT

_____ FORMER

_____ NEVER

_____ UNKNOWN

LANGUAGE _____

FAMILY HISTORY OF

_____ CANCER

_____ DIABETES

_____ HEART DISEASE

_____ HYPERTENSION

OTHER _____