Family Medical Paternal History

Mark with an X those that apply

Patient Name:_____ Date:___/___/___

Kinship	Status	Medical History		
Father	Living:___ Deceased:___	Alcoholism___ Blood Disorders___ Cancer___ Smoking___ Heart Problems___	Diabetes___ Overweight___ Neurological___ Renal___ Hypertension___	Veneral Disease___ Arterial___

Other addictions specify:_____

Paternal Grandfather		Medical History		
	Living:___ Deceased:___	Alcoholism___ Blood Disorders___ Cancer___ Smoking___ Heart Problems___	Diabetes___ Overweight___ Neurological___ Renal___ Hypertension___	Venereal Disease___ Arterial___

Other addictions specify:_____

Paternal Grandmother		Medical History		
	Living:___ Deceased:___	Alcoholism___ Blood Disorders___ Cancer___ Smoking___ Heart Problems___	Diabetes___ Overweight___ Neurological___ Renal___ Hypertension___	Venereal Disease___ Arterial___

Other addictions specify:_____

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