Family medical history worksheet

Use this form to prepare for an adult primary care visit. Use your own words. Write unknown if you are unsure, none only when that is your answer, or prefer to discuss privately. A blank answer does not mean no. Use your clinic's form if required. Return your completed copy only through the clinic's approved method; do not send it to Vero.

Write unknown, none, prefer to discuss privately, or your answer. Do not leave the team to guess.

About this worksheet

Your name or clinic identifier; who answered or helped; date

Use relationships, not names. Include biological parents, siblings, children and other relatives when known. Copy this page or add rows in Word for more relatives.

Relative 1

Biological relationship; mother's or father's side if relevant
Condition; approximate age at symptoms or diagnosis (say which); current age or age and cause of death if known
Who told you, when, any records, and what still needs checking?

Relative 2

Biological relationship; mother's or father's side if relevant
Condition; approximate age at symptoms or diagnosis (say which); current age or age and cause of death if known
Who told you, when, any records, and what still needs checking?

Gaps and updates

Which relatives or topics were not discussed, are unknown, or would you prefer to discuss privately?
New information for your clinician; date last updated