

SELF-ADMINISTERED FAMILY HISTORY - Long form
 Genetics & Birth Defects Clinic
 Child Development and Rehabilitation Center (CDRC)
 Oregon Health & Sciences University (OHSU)

Attach patient label here

This form will help us understand your family history and prepare for your Genetics visit. We appreciate your time!

Check if any family members have the following:

- | | |
|--|--|
| <input type="checkbox"/> the same condition as the patient we are seeing | <input type="checkbox"/> other conditions that appear to run in the family |
| <input type="checkbox"/> intellectual disability or developmental delay | <input type="checkbox"/> birth defects |
| <input type="checkbox"/> lost two or more pregnancies | <input type="checkbox"/> a baby who has died |

If so, please tell us more about those family members as they appear in the form or on the last page.

Children of patient (skip if the patient does not have any children)

| First Name | Sex M/F | Age | Living Y/N | Medical or Learning Problems | Mother's First Name | Father's First Name |
|------------|------------|-----|---------------|---------------------------------|---------------------|---------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Brothers and sisters of patient

| First Name | Sex M/F | Age | Living Y/N | # Children Male Female | Medical or Learning Problems | Mother's First Name | Father's First Name |
|------------|------------|-----|---------------|-----------------------------|---------------------------------|---------------------|---------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

If there are any health or learning problems with the brothers' and sisters' children (patient's nieces and nephews), please note.

Mother's Family History

| Mother's First Name | Age | Living Y/N | Age of Death | # Children | | Medical or Learning Problems |
|---------------------|-----|---------------|-----------------|------------|--------|---------------------------------|
| | | | | Male | Female | |
| | | | | | | |

Mother's brothers and sisters (uncles and aunts of the patient)

| First Name | Sex M/F | Age | Living Y/N | # Children | | Medical or Learning Problems | Mother's First Name | Father's First Name |
|------------|------------|-----|---------------|------------|--------|---------------------------------|---------------------|---------------------|
| | | | | Male | Female | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

If there are any health or learning problems with the brothers' and sisters' children (patient's cousins), please note.

Mother's parents (maternal grandparents of the patient)

| First Name | Age | Living Y/N | Age of Death | # Children | | Medical or Learning Problems |
|------------|-----|---------------|-----------------|------------|--------|---------------------------------|
| | | | | Male | Female | |
| | | | | | | |
| | | | | | | |

Father's Family History

| Father's First Name | Age | Living Y/N | Age of Death | # Children | | Medical or Learning Problems |
|---------------------|-----|---------------|-----------------|------------|--------|---------------------------------|
| | | | | Male | Female | |
| | | | | | | |

Father's brothers and sisters (uncles and aunts of the patient)

| First Name | Sex M/F | Age | Living Y/N | # Children | | Medical or Learning Problems | Mother's First Name | Father's First Name |
|------------|------------|-----|---------------|------------|--------|---------------------------------|---------------------|---------------------|
| | | | | Male | Female | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

If there are any health or learning problems with the brothers' and sisters' children (patient's cousins), please note.

Father's parents (paternal grandparents of the patient)

| First Name | Age | Living Y/N | Age of Death | # Children | | Medical or Learning Problems |
|------------|-----|---------------|-----------------|------------|--------|---------------------------------|
| | | | | Male | Female | |
| | | | | | | |
| | | | | | | |

Extra Sheet

Please feel free to include information on any other family members that you didn't have room for or any individuals with birth defects, genetic conditions, or other things that you are worried about.

| First Name | Relationship to Patient | Sex M/F | Age | Living Y/N | Medical or Learning Problems | Mother's First Name | Father's First Name |
|------------|-------------------------|------------|-----|---------------|---------------------------------|---------------------|---------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |