

FAMILY RECORD **AGE IF LIVING** **AGE AT DEATH** **CAUSE**
MED PROBLEMS

FATHER

MOTHER

GRANDMOTHER

GRANDFATHER

SURGERIES (Please list surgeries and dates, or other significant procedure/medical problems, etc.)

FOR FEMALES ONLY

DATE

LAST MENSTRUAL PERIOD _____

LAST PAP SMEAR _____

LAST MAMMOGRAM _____

NUMBER OF PREGNANCIES _____

NUMBER OF LIVE BIRTHS _____