

Surgical Associates of Austin, P. A.

Family History Continued

Patient Name: _____ DOB: _____

ALIVE DECEASED UNKNOWN

▪ **FATHER**

List illnesses: _____

Healthy () _____

▪ **MOTHER**

List illnesses: _____

Healthy () _____

▪ **SIBLINGS**

List illnesses: _____

Healthy () _____

Number of brothers: _____

Number of sisters: _____

▪ **CHILDREN**

List illnesses: _____

Healthy () _____

Number of sons: _____

Number of daughters: _____