FAMILY HISTORY FORM | WALSH LAB

Participant's Name: ______________________ **Date of Birth:** ______________ **Today's date:** ______________

*****What is the ethnic background/ancestry of each side of the family (Irish, Nigerian, Turkish, First Nation, Métis, etc).***

Mother's Family: ______________________ **Father's Family:** ______________________

****Are parents related to each other by blood? ☐ NO ☐ YES→How are they related?** ______________________

Please list *all* blood relatives in the chart below (not adopted or related by marriage) including those with AND without health problems. Please note the type of problem, if any, a relative has (epilepsy, cancer, depression, heart disease, mental retardation, birth defect, genetic condition, autism, multiple pregnancy losses, etc). **Feel free to write more on the back or copy and attach extra sheets as needed.**

	FIRST NAME	TYPE OF PROBLEM (IF ANY)	AGE WHEN DIAGNOSED	AGE NOW OR AT DEATH
PARTICIPANT'S IMMEDIATE FAMILY		*PLEASE NOTE 'D' NEXT TO AGE IF PERSON IS DECEASED*		
Participant				
Mother				
Father				
☐ Brother ☐ Sister *				
☐ Brother ☐ Sister *				
☐ Brother ☐ Sister *				
☐ Brother ☐ Sister *				
PARTICIPANT'S MOTHER'S FAMILY	***(Father's family on next page)***	*PLEASE NOTE 'D' NEXT TO AGE IF PERSON IS DECEASED*		
Maternal Grandmother				
Maternal Grandfather				
☐ Uncle ☐ Aunt *				
Please list the children (if any) of the person above:				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Uncle ☐ Aunt *				
Please list the children (if any) of the person above:				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Uncle ☐ Aunt *				
Please list the children (if any) of the person above:				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Uncle ☐ Aunt *				
Please list the children (if any) of the person above:				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				

** Please list only offspring that have both the same mother AND father. If some offspring have one parent that is different from other offspring (i.e. same mother but different father), please note this and write both of their parent's names.*

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	FIRST NAME	TYPE OF PROBLEM (IF ANY)	AGE WHEN DIAGNOSED	AGE NOW OR AT DEATH
PARTICIPANT'S FATHER'S FAMILY		*PLEASE NOTE 'D' NEXT TO AGE IF PERSON IS DECEASED*		
Paternal Grandmother				
Paternal Grandfather				
☐ Uncle ☐ Aunt *				
Please list the children (if any) of the person above:				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Uncle ☐ Aunt *				
Please list the children (if any) of the person above:				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Uncle ☐ Aunt *				
Please list the children (if any) of the person above:				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Uncle ☐ Aunt *				
Please list the children (if any) of the person above:				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				
☐ Male ☐ Female*				

** Please list only offspring that have both the same mother AND father. If some offspring have one parent that is different from other offspring (i.e. same mother but different father), please note this and write both of their parent's names.*