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, Korean, First Nation, Métis, Bedouin, 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-in or related by marriage) including those with AND without health problems, and those that have died. Please note the type of problem, if any, a relative has (epilepsy, birth defect, intellectual disability, cancer, depression, heart disease, genetic condition, multiple pregnancy losses, etc). **Feel free to write more on the back or copy and attach extra sheets.**

	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*				

** If some offspring have one parent that is different from other offspring (i.e. same mother but different father), please make a note of this*

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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*				

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