

Harbour Healthcare, Inc.

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Portsmouth, VA 23704

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www.myharbourhealthcare.com

Name: _____ Preferred/Nickname: _____ Date: / /

Family History

Key:

M = Mother

MGM = Maternal Grandmother

MGF = Maternal Grandfather

B/S = Brother/Sister

F = Father

PGM = Paternal Grandmother

PGF = Paternal Grandfather

	Alive	Age	(If Deceased age of passing and reason)
M	Y/N		
F	Y/N		
MGM	Y/N		
MGF	Y/N		
PGM	Y/N		
PGF	Y/N		
B/S	Y/N		
B/S	Y/N		
B/S	Y/N		
B/S	Y/N		
B/S	Y/N		

Has anyone in your family history been diagnosed with (if yes please explain):

- Alzheimer's? Y/N _____
- Autoimmune disease? Y/N _____
- Cancer? Y/N _____
- Diabetes? Y/N _____
- Heart Disease? Y/N _____
- High Blood Pressure? Y/N _____
- High Cholesterol? Y/N _____
- Kidney Disease? Y/N _____
- Mental Issues or Addiction? Y/N _____
- Stroke? Y/N _____
- Other not mentioned? Y/N _____

Additional Notes or Comments: _____