

Patient Name _____

Date _____

Please circle any medical conditions or lifestyle factors that have affected you or your blood-related family members. If an item or diagnosis does not apply, leave it uncircled. Providing a personal and family medical history can make your genetic risk screening more focused and cost-effective.

If you are adopted or don't know your family history, please indicate in the Personal Notes section below.

High cholesterol	Low bone mineral density (Osteoporosis, Osteopenia)	Heart disease	Regular medication use (prescription, over-the-counter)
Heart disease (Heart attack, coronary artery disease)	Age-related bone fractures (Vertebral compression fractures, humped spine in the elderly)	Autoimmune diseases (Lupus, Rheumatoid Arthritis, Scleroderma, Sjorgens)	Toxins at work/home
Overweight	Arthritis	Allergies	Pesticide or fungicide exposure
High blood pressure (Hypertension)	Low body weight or "small-boned"	Asthma	Multiple Chemical Sensitivity
Blood clotting problems (Thrombosis, clots in arteries or veins, plebitis, pulmonary embolus)	Menopausal	Inflammatory Bowel Disease (Crohns or Ulcerative Colitis)	Cancer
Stroke	Early or surgical menopause	Recurrent viral infections	Chronic Fatigue Syndrome
Use of Hormone Replacement Therapy	Missed periods	Cancer	Depression, anxiety
Excessive intake of sweets	Sedentary lifestyle	Arthritis	Daily use of alcohol
Excessive intake of fried foods (more than 3 times per week)	Long-term use of acid blocking drugs	Eczema	Sensitivity to caffeine
	Long-term treatment with cortisone, prednisone, or anti-convulsants	Stomach ulcers	Smoking or frequent tobacco smoke exposure
	More than 3 cups of coffee or 36 oz of soda per day	Low bone mineral density (Osteoporosis, Osteopenia)	Weekly diet of barbecue or charred foods
			Exhaustion after exercise
			History of drug addiction

Personal Notes (eg., adopted, father's side of family history unknown, etc.): _____