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| --- | --- | --- | --- | --- | --- | --- |
| Name of family member? | Relationship | Age/DOB | Medical Condition?How old when diagnosed? | Description of Eating and Exercise Habits | Smoker? | Date of Death(If Applicable) |
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1. Where does your mother’s side of your family come from originally? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Father’s side? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.