|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Where does your mother’s side of your family come from originally? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Father’s side? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.