



American Brokerage Services, Inc.

Toll Free: 1-888-227-3131
 Fax: 215-233-9409

803 Willow Grove Avenue
 Wyndmoor, PA 19038

Family History Questionnaire

Name: _____ Date of Birth: _____

Family record: Check conditon(s) and relationship of any blood relative who has or had any of the conditions listed below. Use comment line for "yes" answers.

F=Father, **M**=Mother, **B**=Brother, **S**=Sister

Comments

	F	M	B	S	
Alcoholism	[]	[]	[]	[]	_____
Anemia	[]	[]	[]	[]	_____
Bleeding Disorder	[]	[]	[]	[]	_____
Cancer	[]	[]	[]	[]	_____
Heart Disease	[]	[]	[]	[]	_____
Diabetes	[]	[]	[]	[]	_____
Emphysema/COPD	[]	[]	[]	[]	_____
High Blood Pressure	[]	[]	[]	[]	_____
Kidney Disease	[]	[]	[]	[]	_____
Liver Disease	[]	[]	[]	[]	_____
Mental Illness	[]	[]	[]	[]	_____
Overweight	[]	[]	[]	[]	_____
Stroke	[]	[]	[]	[]	_____
Suicidal Tendencies	[]	[]	[]	[]	_____

Living Deceased

	Age	Health	Age	Cause of Death
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Brother(s)	_____	_____	_____	_____
Sister(s)	_____	_____	_____	_____

To the best of my knowledge I attest that the information stated on this document is true and accurate.

Signed: _____ Date: _____

Witnessed by: _____