

**U.S. De Silva, MD**  
A Medical Corporation  
623 W Ave Q, Suite A  
Palmdale, CA 93551

**Family History Information**

Please fill out the form to the best of your ability for each family member.

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Mother**

Alive or deceased:  Alive  Deceased

Age: \_\_\_\_\_

Present/past illnesses: \_\_\_\_\_

Cause of death: \_\_\_\_\_

**Father**

Alive or deceased:  Alive  Deceased

Age: \_\_\_\_\_

Present/past illnesses: \_\_\_\_\_

Cause of death: \_\_\_\_\_

**Brother(s)**

Alive or deceased:  Alive  Deceased

Age(s): \_\_\_\_\_

Present/past illnesses: \_\_\_\_\_

Cause of death: \_\_\_\_\_

**Sister(s)**

Alive or deceased:  Alive  Deceased

Age(s): \_\_\_\_\_

Present/past illnesses: \_\_\_\_\_

Cause of death: \_\_\_\_\_

**Children**

Alive or deceased:  Alive  Deceased

Age(s): \_\_\_\_\_

Male(s): \_\_\_\_\_

Female(s): \_\_\_\_\_

Present/past illness: \_\_\_\_\_

Cause of death: \_\_\_\_\_

**Maternal Grandmother**

Alive or deceased:  Alive  Deceased

Age: \_\_\_\_\_

Present/past illness: \_\_\_\_\_

Cause of death: \_\_\_\_\_

**Maternal Grandfather**

Alive or deceased:  Alive  Deceased

Age: \_\_\_\_\_

Present/past illness: \_\_\_\_\_

Cause of death: \_\_\_\_\_

**Paternal Grandmother**

Alive or deceased:  Alive  Deceased

Age: \_\_\_\_\_

Present/past illness: \_\_\_\_\_

Cause of death: \_\_\_\_\_

**Paternal Grandfather**

Alive or deceased:  Alive  Deceased

Age: \_\_\_\_\_

Present/past illness: \_\_\_\_\_

Cause of death: \_\_\_\_\_