

Collin County Pulmonary Associates
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Twin Creeks Medical, Bldg 2
Allen, Tx 75013
Phone: (972) 964-0170 Fax: (972) 596-8928

FAMILY HISTORY

ADOPTED (CHECK APPROPRIATE BOX)

FATHER

- | | | |
|--|--|-----------|
| <input type="checkbox"/> DECEASED | CAUSE OF DEATH _____ | AGE _____ |
| <input type="checkbox"/> HEART DISEASE | <input type="checkbox"/> HIGH BLOOD PRESSURE | |
| <input type="checkbox"/> STROKE | <input type="checkbox"/> DIABETES | |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> EMPHYSEMA | |
| <input type="checkbox"/> TUBERCULOSIS | <input type="checkbox"/> SINUSES/ALLERGIES | |
| <input type="checkbox"/> CANCER _____ | | (TYPE) |
| <input type="checkbox"/> OTHER _____ | | |

MOTHER

- | | | |
|--|--|-----------|
| <input type="checkbox"/> DECEASED | CAUSE OF DEATH _____ | AGE _____ |
| <input type="checkbox"/> HEART DISEASE | <input type="checkbox"/> HIGH BLOOD PRESSURE | |
| <input type="checkbox"/> STROKE | <input type="checkbox"/> DIABETES | |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> EMPHYSEMA | |
| <input type="checkbox"/> TUBERCULOSIS | <input type="checkbox"/> SINUSES/ALLERGIES | |
| <input type="checkbox"/> CANCER _____ | | (TYPE) |
| <input type="checkbox"/> OTHER _____ | | |

SIBLINGS

- | | | |
|--|--|-----------|
| <input type="checkbox"/> DECEASED | CAUSE OF DEATH _____ | AGE _____ |
| <input type="checkbox"/> HEART DISEASE | <input type="checkbox"/> HIGH BLOOD PRESSURE | |
| <input type="checkbox"/> STROKE | <input type="checkbox"/> DIABETES | |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> EMPHYSEMA | |
| <input type="checkbox"/> TUBERCULOSIS | <input type="checkbox"/> SINUSES/ALLERGIES | |
| <input type="checkbox"/> CANCER _____ | | (TYPE) |
| <input type="checkbox"/> OTHER _____ | | |

GRANDPARENTS

- | | | |
|--|--|-----------|
| <input type="checkbox"/> DECEASED | CAUSE OF DEATH _____ | AGE _____ |
| <input type="checkbox"/> HEART DISEASE | <input type="checkbox"/> HIGH BLOOD PRESSURE | |
| <input type="checkbox"/> STROKE | <input type="checkbox"/> DIABETES | |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> EMPHYSEMA | |
| <input type="checkbox"/> TUBERCULOSIS | <input type="checkbox"/> SINUSES/ALLERGIES | |
| <input type="checkbox"/> CANCER _____ | | (TYPE) |
| <input type="checkbox"/> OTHER _____ | | |

Patient Signature or Initials