

Surgical Associates of Austin, P.A.

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FAMILY HISTORY

Patient Name: _____ **D.O.B:** _____

Father: ALIVE DECEASED UNKNOWN

○ Healthy

List Illnesses: _____

Mother: ALIVE DECEASED UNKNOWN

○ Healthy

List Illnesses: _____

Siblings: ALIVE DECEASED UNKNOWN

○ Healthy

List Illnesses: _____

of brothers: _____

of sisters: _____

Children: ALIVE DECEASED UNKNOWN

○ Healthy

List Illnesses: _____

of sons: _____

of daughters: _____

○ **Adopted**