47. FAMILY HISTORY: For each member of your family, follow the grey or white line across the page and check the boxes for:1. Their present state of health, and2. Any illnesses they have had.																				
(Note: Except for spouse , Family refers to blood or natural relatives.) PRINT NAMES BELOW	Good Healt h	Poor Heal th	Dec ease d	Write in age and cause of death. Include accidents and suicides.		Allerg ies or Asthm a	Alzhei mer's or Deme ntia	Anemia	Blood Clotti ng Proble ms	Diabetes	Cance r or Tumo r	Epilepsy	Geneti c Diseas e	Heart Troub le	High Blood Pressu re	Kidne y or Bladd er Dis.	Nervo us Break down	Rheu matis m or Arthri tis	Stoma ch or Duode nal Ulcer	
Father																				
Mother:																				
Brothers/Sisters:																				
Spouse:																				
Child:																				
Child:																				
Child:																				
Child:																				
Paternal relatives (in each box, write in how many affected with condition):																				
Maternal relatives (in each box, write in how many affected with condition):																				