

HEIRS FAMILY HISTORY FORM

Participant Name

To be completed by study staff		
Participant ID	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/>	Date of Visit
	<small>[affix ID label here]</small>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Month Day Year</small>
Acrostic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Completed by <input type="text"/> <input type="text"/> <input type="text"/>

The attached forms you are about to fill out are designed to assess your family history of disease. A person is at a greater risk of developing hemochromatosis or iron overload and other diseases if a family member has had the disease. Your family history of disease will be very useful in helping to predict your risk of certain diseases. These forms ask information only about those diseases that have the strongest tendencies for running in families with hemochromatosis and iron overload and for which there are genetic tests, reliable screening, or preventive measures available. Disease information is asked about yourself, your parents, your siblings (brothers and sisters), your spouse, your spouse's parents, and your children. The information you provide in these forms is confidential and will be released only to you or the health professional you so designate.

INSTRUCTIONS

1. For yourself and for each of the specified relatives of yourself and your spouse, fill in First Name and Gender (M/F).
2. The remainder of the form asks this information on each of the relatives. (a) Year of Birth, (b) Year of Death, if deceased, and (c) the History of these diseases or disorders: Hemochromatosis or Iron Overload, Alcoholism, Arthritis, Cirrhosis, Diabetes, Heart Disease, Liver Cancer. If you do not know ANY of this information on a particular relative, then check the box labeled "No Information".
3. If a relative has never had the disease or disorder specified, then check "No" for that disease. If he or she has or has had the disease or disorder, then check "Yes" and specify the age at diagnosis in years. If you do not know whether or not the relative has or has had the disease or disorder, or do not know the age at diagnosis, then leave the appropriate boxes blank.
4. If you have more brothers, sisters, or children than can be specified on these pages, please let us know and we will give you additional pages.

Acrostic

Pedigree Code (for office use only)		First Name	Gender	No Information	Year of Birth	If deceased, year of death	Hemochromatosis or iron overload	Alcoholism	Arthritis	Cirrhosis of the liver	Diabetes	Heart Disease	Liver cancer
	You			<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N age <input type="text"/>						
	Father			<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N age <input type="text"/>						
	Mother			<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N age <input type="text"/>						
	Brother/ Sister			<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N age <input type="text"/>						
	Brother/ Sister			<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N age <input type="text"/>						
	Brother/ Sister			<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N age <input type="text"/>						
	Brother/ Sister			<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N age <input type="text"/>						
	Brother/ Sister			<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N age <input type="text"/>						

Pedigree Code (for office use only)		First Name	Gender	No Information	Year of Birth	If deceased, year of death	Hemochromatosis or iron overload	Alcoholism	Arthritis	Cirrhosis of the liver	Diabetes	Heart Disease	Liver cancer
	Spouse		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N age <input type="text"/>						
	Spouse's Father		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N age <input type="text"/>						
	Spouse's Mother		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N age <input type="text"/>						
	Your Son/ Daughter		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N age <input type="text"/>						
	Your Son/ Daughter		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N age <input type="text"/>						
	Your Son/ Daughter		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N age <input type="text"/>						
	Your Son/ Daughter		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N age <input type="text"/>						
	Your Son/ Daughter		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N age <input type="text"/>						