



**MEDICATION AND SUPPLEMENTS USED**

| Name         | Purpose          | Dosage | Frequency  |
|--------------|------------------|--------|------------|
| Lisinopril   | hypertension     | 10 mg  | once daily |
| Atorvastatin | high cholesterol | 20 mg  | once daily |
|              |                  |        |            |
|              |                  |        |            |
|              |                  |        |            |
|              |                  |        |            |
|              |                  |        |            |

**IMMEDIATE FAMILY MEDICAL HISTORY**

Please include immediate, maternal, and paternal family members. Indicate their relationship to you (e.g. mother, father, sibling, maternal/paternal grandparent, maternal/paternal cousins).

**Family Member 1:**

Name: Maria Torres

Date of Birth: Feb. 15, 1955

Ethnicity: Latin American

Relationship: Mother

Health Conditions and Age at Diagnosis:

Heart disease (55), type 2 diabetes (60)

Medications:

Metformin, aspirin

Alive?  Yes  No

Age at Death and Cause: 65, heart attack

**Family Member 2:**

Name: Carlos Torres

Date of Birth: August 10, 1953

Ethnicity: Latin American

Relationship: Father

Health Conditions and Age at Diagnosis:

Liver cirrhosis, 68

Medications:

Diuretics, vitamin K

Alive?  Yes  No

Age at Death and Cause: N/A

**Family Member 3:**

Name: Jose Torres

Date of Birth: September 12, 1929

Relationship: Grandfather (paternal)

Ethnicity: Latin American

Health Conditions and Age at Diagnosis:

liver cirrhosis (60)

Medications:

Diuretics

Alive?  Yes  No

Age at Death and Cause: 63, liver failure

**Family Member 4:**

Name: Ana Rodriguez

Date of Birth: Nov. 3, 1930

Ethnicity: Latin American

Relationship: Grandmother (maternal)

Health Conditions and Age at Diagnosis:

Hypertension (55)

Medications:

Amlodipine

Alive?  Yes  No

Age at Death and Cause: 64, stroke

**Family Member 5:**

Name:

Date of Birth:

Ethnicity:

Relationship:

Health Conditions and Age at Diagnosis:

Medications:

Alive?  Yes  No

Age at Death and Cause:

**Family Member 6:**

Name:

Date of Birth:

Ethnicity:

Relationship:

Health Conditions and Age at Diagnosis:

Medications:

Alive?  Yes  No

Age at Death and Cause:

**Family Member 7:**

Name:

Date of Birth:

Ethnicity:

Relationship:

Health Conditions and Age at Diagnosis:

Medications:

Alive?  Yes  No

Age at Death and Cause:

**Family Member 8:**

Name:

Date of Birth:

Ethnicity:

Relationship:

Health Conditions and Age at Diagnosis:

Medications:

Alive?  Yes  No

Age at Death and Cause:

**Family Member 9:**

Name:

Date of Birth:

Ethnicity:

Relationship:

Health Conditions and Age at Diagnosis:

Medications:

Alive?  Yes  No

Age at Death and Cause:

**Family Member 10:**

Name:

Date of Birth:

Ethnicity:

Relationship:

Health Conditions and Age at Diagnosis:

Medications:

Alive?  Yes  No

Age at Death and Cause:

**Family Member 11:**

Name:

Date of Birth:

Ethnicity:

Relationship:

Health Conditions and Age at Diagnosis:

Medications:

Alive?  Yes  No

Age at Death and Cause:

**Family Member 12:**

Name:

Date of Birth:

Ethnicity:

Relationship:

Health Conditions and Age at Diagnosis:

Medications:

Alive?  Yes  No

Age at Death and Cause:

**Family Member 13:**

Name:

Date of Birth:

Ethnicity:

Relationship:

Health Conditions and Age at Diagnosis:

Medications:

Alive?  Yes  No

Age at Death and Cause:

**Family Member 14:**

Name:

Date of Birth:

Ethnicity:

Relationship:



Health Conditions and Age at Diagnosis:

Medications:

Alive?  Yes  No

Age at Death and Cause:

**Family Member 15:**

Name:

Date of Birth:

Ethnicity:

Relationship:

Health Conditions and Age at Diagnosis:

Medications:

Alive?  Yes  No

Age at Death and Cause: