NIM Longevity
A Functional and Holistic Approach

FAMILY HISTORY FORM

Mother: ○ Living, age: ______ ○ Deceased. if deceased age at death: ____________

Does/did she have:
- ○ Diabetes
- ○ Cancer
- ○ Hypertension
- ○ Heart Attack
- ○ Congestive Heart Failure
- ○ High Blood Pressure
- ○ Accident
- ○ Other ____________________

Father: ○ Living, age: ______ ○ Deceased. if deceased age at death: ____________

Does/did he have:
- ○ Diabetes
- ○ Cancer
- ○ Hypertension
- ○ Heart Attack
- ○ Congestive Heart Failure
- ○ High Blood Pressure
- ○ Accident
- ○ Other ____________________

Siblings - how many:

Sisters:
- ○ None
- ○ 1
- ○ 2
- ○ 3
- ○ 4 or more

Brothers:
- ○ None
- ○ 1
- ○ 2
- ○ 3
- ○ 4 or more

Do/did any of them have:
- ○ Diabetes
- ○ Cancer
- ○ Hypertension
- ○ Heart Attack
- ○ Congestive Heart Failure
- ○ High Blood Pressure
- ○ Accident
- ○ Other ____________________

Children - how many:

Daughters:
- ○ None
- ○ 1
- ○ 2
- ○ 3
- ○ 4 or more

Sons:
- ○ None
- ○ 1
- ○ 2
- ○ 3
- ○ 4 or more

Do/did any of them have:
- ○ Diabetes
- ○ Cancer
- ○ Hypertension
- ○ Heart Attack
- ○ Congestive Heart Failure
- ○ High Blood Pressure
- ○ Accident
- ○ Other ____________________

For Women:

Do You menstruate? ○ Yes ○ No, at what age did you go thru menopause? ______________

How many pregnancies have you had? ○ None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 or more

Any complications during pregnancy or delivery? ____________________________________

Do you use birth control? ○ No ○ Yes, what kind: ○ Pill ○ Barrier ○ Other ______________

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