



Family Pedigree

1. Personal Details		2. Your Family	
Your Name		Mother's Maiden Name	
Address		Father's Name	
Phone Number			

3. Your Children (in order of age)					
Name Surname (Maiden)	Date of Birth	Diagnosis (Leave Blank if None)	Date of Death	Cause of Death	Postmortem (Yes or No)

4. Your Brothers & Sisters: including yourself, in order of age.

Name Surname (Maiden)	Date of Birth	Diagnosis (Leave Blank if None)	Date of Death	Cause of Death	Postmortem (Yes or No)



5. Your Mother's Family - include your Mother, her brothers & sisters (alive and dead)

Name Surname (Maiden)	Date of Birth	Diagnosis (Leave Blank if None)	Date of Death	Cause of Death	Postmortem (Yes or No)



6. Your Father's Family - include your Father, his brothers & sisters (alive and dead)

Name Surname (Maiden)	Date of Birth	Diagnosis (Leave Blank if None)	Date of Death	Cause of Death	Postmortem (Yes or No)



7. Your Maternal Grandparents

Name Surname (Maiden)	Date of Birth	Diagnosis (Leave Blank if None)	Date of Death	Cause of Death	Postmortem (Yes or No)

8. Your Paternal Grandparents

Name Surname (Maiden)	Date of Birth	Diagnosis (Leave Blank if None)	Date of Death	Cause of Death	Postmortem (Yes or No)



9. Additional Family Information

Name Surname (Maiden)	Date of Birth	Diagnosis (Leave Blank if None)	Date of Death	Cause of Death	Postmortem (Yes or No)



The Family Heart Screening Clinic

Mater Misericordiae University Hospital

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