**Family History Form**

Erica Miller

School of Nursing, King University

NURS 5004: Advanced Physical Assessment and Health Promotion

Christy Blevins

9/30/2023

**Family History Form**

**Index patient: CM**

Age: 36 Gender: Male Race/Ethnicity: Caucasian/Non-Hispanic

Date of last physical exam ***and results***: Aug. 10, 2023, Pt was prescribed Metformin for elevated A1C of 5.7 and placed on Rosuvastatin for elevated cholesterol.

Recent screening tests: CBC= normal findings, A1C=5.7 slightly elevated, lipid panel= slightly elevated pt does not remember reading

Immunization history: Flu: 10/3/22, Tetanus: 2/6/2019 Covid: 8/6/21, 8/27/2021

The pt stated I have received all recommended immunizations, but I do not remember all the dates.

Past Medical History: Pt denies any recent illness/ injuries, pt stated he was hospitalized for ACL and Meniscuses repair in 2005, pt denies any childhood illnesses.

Past Surgical History: Knee surgery; Right ACL and Meniscuses repair in 2005

Medications/Allergies: NKA

Environmental/Food allergies or intolerances: N/A Pt denies any environmental/ food allergies.

Substance Use: Denies the use of any alcohol, tobacco, or drugs.

Social history: Pt states that he was born in Folly Reginal Hospital, Alabama. Raised in Bluff City, TN. Pt states he had a positive and supportive home environment. Pt family was middle class. Pt graduated high school and completed some college. The pt is married and has 3 children. He is an entrepreneur and owns his own business. CM stated he feels safe in his home and in his marriage. CM also stated that his biggest stressor is his job but manages it well with communication with employees and a good work-home balance.

Nutritional history: CM stated that his wife does most of the cooking in the household, but they occasionally eat out from time to time due to a busy life schedule. They try to consume high protein low carb diets due to his recent elevated A1C. His last meal consisted of grilled chicken, veggie blend and a salad. Pt also stated he is trying to increase his water consumption.

Sleep habits: CM estimates he sleeps anywhere from 6-8 hours a night and occasionally has to wake up early to travel for work.

Screen time per day: 6-10 hours per day CM states that a lot if his job is on his phone, video conferences, and emails.

Safety practices: Pt states that he uses safety precautions. She uses seatbelts when driving and sunscreen during the summer months.

Self-care habits: Pt states that he doesn’t have much time for exercise but does have some physical demands when it comes to his job. He also stated that he performs testicular exams monthly with no previous abnormal findings.

Sexual history:

Partners: 2

Practices: Safe sex prior to trying to children

Protection from STI’s: Condoms

History of STI’s: None

Prevention of Pregnancy: Condoms and wife had an IUD

Housing information: CM lives in a two-story home with a two-car garage with city water. Pt has appropriate furnishings, wood floors, tile, and blinds.

Occupational history: Vice president of a metal roofing manufacturing plant with 6 locations and owns a metal roofing installation business as well as a contracting business. Work hours vary but are usually Monday- Friday 8-5 or 6 pm with some weekends required depending on employee presents. Occasional exposure to chemicals used for metal roofing but not daily.

Military history: Army, 2006-2010 Fort Jackson, South Carolina.

Travel history: PT denies any recent travel.

Spiritual history:

F: Pt states that he is of the Christian faith.

I: Pt states that his faith helps manage his stress through prayer.

C: Pt denies belonging to a church community currently but is looking for a new church. Pt does state that he attends a men’s group that meets every Monday. He stated that this program supports him with a positive outlook on work, social, and marital life through the bible and prayer.

A: Pt states that his religious beliefs affect certain healthcare decisions such as choosing not to participate in premarital sex prior to his marriage. Pt states that he would like support from his healthcare provider if questions ever arose about his religion and health care in the future.

(Ball et al., 2023)

Access to care: Pt has reliable transportation and insurance coverage. Pt also states he has health insurance coverage through his employer. States he can take himself to and from doctor appointments if needed.

Based on the above information, gather additional history if needed – for example, do you need to administer the CAGE questionnaire, a Mini-Mental Status Exam, a functional history, the HITS tool, etc.?

\*\*No need to administer any additional questionnaires currently.

Ask if there is anything else that should be discussed and document additional information here:

Not applicable

**Family Information (use initials only): CCM**

**Index patient’s siblings:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Brother/sister – full/half/step/adopted/foster?  Include stillbirths, miscarriages | Age | Gender | Health status-presence of illnesses, age and cause of death if deceased: | Sibling’s children – ages and genders |
| Half Sister | 27 | F | Good Health | No children |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Biological Mother of index patient: HD**

Age and place of mother’s birth: 55, Fairhope, Alabama

Ethnicity: Caucasian, Non-Hispanic

Health status- Overall good

Cultural/Social history: Born and raised in Fairhope, AL. Highest level of school completed was high school receive a diploma. Christian. Works at a furniture retail store

Age of mother when index patient was born: 18

Biological mother’s pregnancy history for index patient 2 term pregnancies with no complications and both were vaginal deliveries.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Biological Mother’s Brother/sisters – full/half/step/adopted/foster? Include stillbirths, miscarriages | Age | Gender | Health status-presence of illnesses, age and cause of death if deceased: | Sibling’s children – ages and genders |
| Sister A | 50 | F | Good Health | Male, 18 |
| Sister S | 58 | F | Good Health | none |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Biological Father of Index Patient: PL**

Age and place of father’s birth: Silverhill, Al.

Ethnicity: Caucasian, Non- Hispanic

Health status- Over all good health, History of high cholesterol Age: 56

Cultural/Social history – Born in Silverhill, Al. Raised in Robertsdale, Al. Received a bachelor’s degree at Troy University. Christian owns his own computer business.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Biological Father’s Brother/sisters – full/half/step/adopted/foster? Include stillbirths, miscarriages | Age | Gender | Health status-presence of illnesses, age and cause of death if deceased: | Sibling’s children – ages and genders |
| Brother J | 51 | M | Good Health | Son 38 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Maternal Grandmother: OG**

Age and place of birth: 80, Fairhope, Al.

Ethnicity: Caucasian, Non- Hispanic

Health status- Overall good health with hypertension.

Cultural/Social history – Born and raised in Fairhope, Al. Highest level education high school diploma. Occupation was a homemaker.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Biological Maternal Grandmother’s Brother/sisters – full/half/step/adopted/foster? Include stillbirths, miscarriages | Age | Gender | Health status-presence of illnesses, age and cause of death if deceased: | Sibling’s children – ages and genders |
| Brother | 75 | Male | good health | none |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Maternal Grandfather: BD**

Age and place of birth: 81, Fairhope, Al

Ethnicity: Caucasian/ Non- Hispanic

Health status: Deceased, 81, Covid

Cultural/Social History –Born and raised in Fairhope, Al. Highschool diploma. Christian. Businessman.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Biological Maternal Grandfather’s Brother/sisters – full/half/step/adopted/foster? Include stillbirths, miscarriages | Age | Gender | Health status-presence of illnesses, age and cause of death if deceased: | Sibling’s children – ages and genders |
| None |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Paternal Grandmother: PL**

Age and place of birth:79

Ethnicity: White/non-Hispanic

Health status- Overall good health, 79, Hypertension, type 2 diabetic.

Cultural/Social History – Born and raised in Silverhill, Al. Highschool diploma. Christian. Banker.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Biological Paternal Grandmother’s Brother/sisters – full/half/step/adopted/foster? Include stillbirths, miscarriages | Age | Gender | Health status-presence of illnesses, age and cause of death if deceased: | Sibling’s children – ages and genders |
| Brother | 81 | M | Dementia/ good health | none |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Paternal Grandfather: Unsure left before father was born.**

Age and place of birth: Around 80? Unsure of place of birth

Ethnicity: white/ non- Hispanic

Health status- unknown

Cultural/Social history – unknown

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Biological Paternal Grandfather’s Brother/sisters – full/half/step/adopted/foster? Include stillbirths, miscarriages | Age | Gender | Health status-presence of illnesses, age and cause of death if deceased: | Sibling’s children – ages and genders |
| unknown |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Pedigree:**

Grandfather

Unknown

Grandfather, 81,

Deceased, Covid

Mother, 55, overall good health

Father, 56, High cholesterol

Patient, 36, High cholesterol, elevated a1c

Sister, 27, good health

.

**Health Promotion/Disease Prevention plan for Index Patient:**

Primary Health Concerns: Genetic link to type 2 diabetes with a diagnosis of elevated A1C or prediabetes.

Current recommendations: Healthy lifestyle choices can help bring a1c down and prevent prediabetes from developing into type 2 diabetes. The Mayo Clinic’s current recommendations for prediabetes are to eat healthy foods, be more active, lose excessive weight, stop smoking, and follow medication regimens (mayo Clinic, 2017).

Prevention needs: Advised to have routine A1C’s checked by provider every 6 months. Purchase an at-home glucometer to check fasting blood sugars. Pt educated that fasting blood sugars should be less than 100mg/dl. Pt educated to keep a log of fasting blood sugars for the next appointment with the provider.

Exercise recommendation: Advised pt to start walking 30 mins a day 5 days per week (What is Prediabetes, n.d.) and incorporate increased exercise as tolerated.

Sleep recommendation: Pt advised to limit screen time before bed and attempt to get at least 8 hours of sleep per night.

Diet/nutrition recommendations: Eat a balanced diet. When planning meals include grains like whole grains or brown rice, veggies like spinach or tomatoes, proteins like lean chicken or fish, and dairy should be low fat or fat-free and incorporate good fats such as avocados and walnuts (What is Prediabetes, n.d.).

Mental health recommendations: No current mental health recommendations currently.

Safety recommendations: Advised to continue the use of seatbelt when driving or riding in a car.

**Reflection:**

This assignment helped me understand the importance of health and family history. All patients have a potential risk of developing genetic diseases, and the need to understand how to prevent or treat them is critical. I plan on using this practice as a nurse practitioner to try and understand my patient's overall health and risk for potential health issues in the future. When trying to ensure you gather all the correct health information for the patient and their family can take some time this could help prevent potential diseases or even save a patient's life in the long run.

References

Ball, DrPH, RN, CPNP, J. W., Dains, DrPH, JD, APRN, FNP-BC, FNAP, FAANP, FAAN, J. E.,

Flynn, MD, MBA, MEd, J. A., Solomon, MD, MPH, B. S., &amp; Stewart, MD, MS, MBA, R. W. (2023). *Seidels Guide to Physical Examination*. St. Louis, Missouri: Elsevier.

Mayo Clinic. (2017). *Prediabetes - Diagnosis and treatment - Mayo Clinic*. Mayoclinic.org. <https://www.mayoclinic.org/diseases-conditions/prediabetes/diagnosis-treatment/drc-20355284>

*What Is Prediabetes?* (n.d.). Www.eatright.org. <https://www.eatright.org/health/health-conditions/diabetes/what-is-prediabetes>

‌

‌