



1181 Ramsey, Grants Pass, OR 97527
Phone: (541) 476-2373 Fax: (541) 479-2450
www.optionsonline.org

Family History Questionnaire

Individual's Name: _____ Date: _____

Please list names and ages of those **living in household**:

Full Name	Sex	DOB	Age	School	Grade	Relationship
1 Individual						Self
2						
3						
4						
5						
6						
7						
8						
9						
10						

Please list additional siblings or parents **not living in same household**:

Full Name	Sex	DOB	Age	School	Grade	Relationship
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						