



Ron Schaefer
 Certified Holistic Iridologist
 EyesByRon.com

Please print document, fill it out, and
 email back to: Eyesbyron@gmail.com

Genetic – Family Medical History

Name:

Date:

Email:

Phone:

What is your genetic medical history?

Mother:	
Father:	
(Maternal) Grandfather:	
(Maternal) Grandmother:	
(Paternal) Grandfather:	
(Paternal) Grandmother:	
Sister:	
Sister:	
Sister:	
Brother:	
Brother:	
Brother:	

What are your major health concerns or complaints?

Add a second sheet if necessary.