



MY FAMILY HEALTH HISTORY

ME & MY PARENTS

Knowledge is power. Learn your risk factors for certain conditions and diseases. Use these forms to collect your family's health history and share them with your health provider during your next visit.

ME

Name

Ethnicity

Health condition + age at diagnosis

Other relevant information

Date of birth

MOTHER

Name

Ethnicity

Health condition + age at diagnosis

Other relevant information

Date of birth

Age of death

FATHER

Name

Ethnicity

Health condition + age at diagnosis

Other relevant information

Date of birth

Age of death



MY FAMILY HEALTH HISTORY

MY GRANDPARENTS

MATERNAL GRANDMOTHER

Name _____

Ethnicity _____

Health condition + age at diagnosis _____

Other relevant information _____

Date of birth _____ Age of death _____

MATERNAL GRANDFATHER

Name _____

Ethnicity _____

Health condition + age at diagnosis _____

Other relevant information _____

Date of birth _____ Age of death _____

PATERNAL GRANDMOTHER

Name _____

Ethnicity _____

Health condition + age at diagnosis _____

Other relevant information _____

Date of birth _____ Age of death _____

PATERNAL GRANDFATHER

Name _____

Ethnicity _____

Health condition + age at diagnosis _____

Other relevant information _____

Date of birth _____ Age of death _____



MY FAMILY HEALTH HISTORY

MY AUNTS & UNCLES

(circle one)

AUNT

UNCLE

AUNT

UNCLE

AUNT

UNCLE

AUNT

UNCLE

Name

Ethnicity

Health condition + age at diagnosis

Other relevant information

Date of birth

Age of death

Name

Ethnicity

Health condition + age at diagnosis

Other relevant information

Date of birth

Age of death

Name

Ethnicity

Health condition + age at diagnosis

Other relevant information

Date of birth

Age of death

Name

Ethnicity

Health condition + age at diagnosis

Other relevant information

Date of birth

Age of death



MY FAMILY HEALTH HISTORY

MY SIBLINGS

(circle one)

SISTER

BROTHER

SISTER

BROTHER

SISTER

BROTHER

SISTER

BROTHER

Name

Ethnicity

Health condition + age at diagnosis

Other relevant information

Date of birth

Age of death

Name

Ethnicity

Health condition + age at diagnosis

Other relevant information

Date of birth

Age of death

Name

Ethnicity

Health condition + age at diagnosis

Other relevant information

Date of birth

Age of death

Name

Ethnicity

Health condition + age at diagnosis

Other relevant information

Date of birth

Age of death



MY FAMILY HEALTH HISTORY

MY CHILDREN

(circle one)

DAUGHTER

SON

DAUGHTER

SON

DAUGHTER

SON

DAUGHTER

SON

Name

Name

Name

Name

Ethnicity

Ethnicity

Ethnicity

Ethnicity

Health condition + age at diagnosis

Health condition + age at diagnosis

Health condition + age at diagnosis

Health condition + age at diagnosis

Other relevant information

Other relevant information

Other relevant information

Other relevant information

Date of birth

Date of birth

Date of birth

Date of birth

Age of death

Age of death

Age of death

Age of death