

# 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

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

# MY FAMILY HEALTH HISTORY

## MY SIBLINGS

(circle one)

**SISTER**

**BROTHER**

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

**SISTER**

**BROTHER**

**SISTER**

**BROTHER**

**SISTER**

**BROTHER**

**SISTER**

**BROTHER**

# MY FAMILY HEALTH HISTORY

## MY CHILDREN

(circle one)

DAUGHTER

SON

Name

Ethnicity

Health condition + age at diagnosis

Other relevant information

Date of birth

Age of death

DAUGHTER

SON

Name

Ethnicity

Health condition + age at diagnosis

Other relevant information

Date of birth

Age of death

DAUGHTER

SON

Name

Ethnicity

Health condition + age at diagnosis

Other relevant information

Date of birth

Age of death

DAUGHTER

SON

Name

Ethnicity

Health condition + age at diagnosis

Other relevant information

Date of birth

Age of death