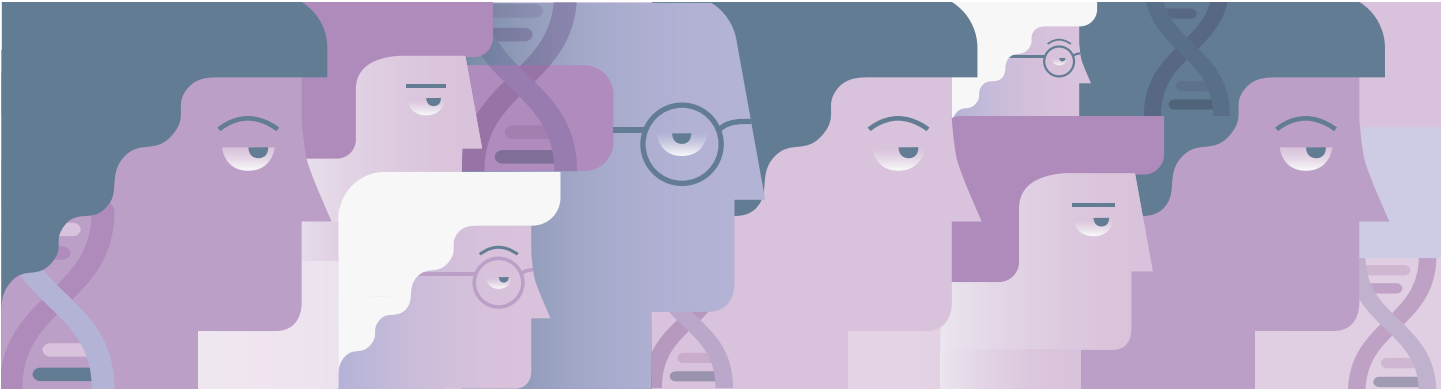


## My Family Health History Form



Use this form to help you gather important information about your family health history. Talk to your closest relatives about their health conditions, and don't be afraid to ask specific questions; that's the only way to get the most complete picture.

Consider appointing a family health historian who will be asked to keep this information up to date for the benefit of all family members.

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### ABOUT ME

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Name

---

Date of birth

---

Gender

---

Adopted?

---

If yes, do you have access to your biological parents' health histories?

---

Ethnic background

## I HAVE BEEN DIAGNOSED WITH:

| Condition                                    | If yes, |       |                 |                |
|--|---------|-------|-----------------|----------------|
|  | Yes     | No    | When Diagnosed? | Being Treated? |
| Heart disease                                | _____   | _____ | _____           | _____          |
| High blood pressure                          | _____   | _____ | _____           | _____          |
| High cholesterol                             | _____   | _____ | _____           | _____          |
| Stroke                                       | _____   | _____ | _____           | _____          |
| Diabetes                                     | _____   | _____ | _____           | _____          |
| Arthritis                                    | _____   | _____ | _____           | _____          |
| Mental illness                               | _____   | _____ | _____           | _____          |
| Cancer                                       | _____   | _____ | _____           | _____          |
| Obesity                                      | _____   | _____ | _____           | _____          |
| Alzheimer disease                            | _____   | _____ | _____           | _____          |
| Hemophilia                                   | _____   | _____ | _____           | _____          |
| Chronic kidney disease                       | _____   | _____ | _____           | _____          |
| Autosomal dominant polycystic kidney disease | _____   | _____ | _____           | _____          |
| GM2 gangliosidosis                           | _____   | _____ | _____           | _____          |
| Gaucher disease                              | _____   | _____ | _____           | _____          |
| Fabry disease                                | _____   | _____ | _____           | _____          |
| Parkinson disease                            | _____   | _____ | _____           | _____          |
| Alport syndrome                              | _____   | _____ | _____           | _____          |
| Other  | _____   | _____ | _____           | _____          |

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## ABOUT MY BIOLOGICAL RELATIVES:

### MATERNAL

|                                      | <b>Mother</b> | <b>Grandmother</b> | <b>Grandfather</b> |
|--------------------------------------|---------------|--------------------|--------------------|
| Name                                 | _____         | _____              | _____              |
| Date of birth                        | _____         | _____              | _____              |
| Place of birth                       | _____         | _____              | _____              |
| Ethnic background                    | _____         | _____              | _____              |
| Medical conditions/<br>health status | _____         | _____              | _____              |
| Deceased? (Age)                      | _____         | _____              | _____              |
| (Cause of death)                     | _____         | _____              | _____              |

### PATERNAL

|                                      | <b>Father</b> | <b>Grandmother</b> | <b>Grandfather</b> |
|--------------------------------------|---------------|--------------------|--------------------|
| Name                                 | _____         | _____              | _____              |
| Date of birth                        | _____         | _____              | _____              |
| Place of birth                       | _____         | _____              | _____              |
| Ethnic background                    | _____         | _____              | _____              |
| Medical conditions/<br>health status | _____         | _____              | _____              |
| Deceased? (Age)                      | _____         | _____              | _____              |
| (Cause of death)                     | _____         | _____              | _____              |

|                                      | <b>Aunt or Uncle</b> | <b>Aunt or Uncle</b> | <b>Aunt or Uncle</b> |
|--------------------------------------|----------------------|----------------------|----------------------|
| Name                                 | _____                | _____                | _____                |
| Date of birth                        | _____                | _____                | _____                |
| Place of birth                       | _____                | _____                | _____                |
| Ethnic background                    | _____                | _____                | _____                |
| Medical conditions/<br>health status | _____                | _____                | _____                |
| Deceased? (Age)                      | _____                | _____                | _____                |
| (Cause of death)                     | _____                | _____                | _____                |

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## ABOUT MY BIOLOGICAL RELATIVES (cont.):

|                                      | Sibling | Sibling | Sibling |
|--------------------------------------|---------|---------|---------|
| Name                                 | _____   | _____   | _____   |
| Date of birth                        | _____   | _____   | _____   |
| Place of birth                       | _____   | _____   | _____   |
| Ethnic background                    | _____   | _____   | _____   |
| Medical conditions/<br>health status | _____   | _____   | _____   |
| Deceased? (Age)                      | _____   | _____   | _____   |
| (Cause of death)                     | _____   | _____   | _____   |
|                                      | Child   | Child   | Child   |
| Name                                 | _____   | _____   | _____   |
| Date of birth                        | _____   | _____   | _____   |
| Place of birth                       | _____   | _____   | _____   |
| Ethnic background                    | _____   | _____   | _____   |
| Medical conditions/<br>health status | _____   | _____   | _____   |
| Deceased? (Age)                      | _____   | _____   | _____   |
| (Cause of death)                     | _____   | _____   | _____   |

In having these conversations with family members, you might discover some family health history details that you didn't know before. **Be sure to share this new information with your doctor, as well as provide a copy of this form to your relatives.** And remember to update it when any new health conditions are diagnosed in you or your family members.

See the [Family Dialogue Tool](#), a companion form, for tips on how to have better family talks, including questions you can use.