

# My Family's Health History



Knowing your family's health history is valuable when making informed health decisions. Stay informed and continue in your commitment to health.

**Fill out this form and keep it for your records.**

## Myself

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Major Diagnoses:

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## My Parents

Were my parents related to each other outside of by marriage? \_\_\_\_Yes \_\_\_\_No \_\_\_\_ Unknown

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ancestry/Ethnicity: \_\_\_\_\_ Year or Age of Death: \_\_\_\_\_

Major Diagnoses: \_\_\_\_\_

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Mother was one of \_\_\_\_\_ total siblings. I have \_\_\_\_\_ aunts and \_\_\_\_\_ uncles.

Relevant health information in my aunts & uncles?

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# My Family's Health History



Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ancestry/Ethnicity: \_\_\_\_\_ Year or Age of Death: \_\_\_\_\_

Major Diagnoses: \_\_\_\_\_

Father was one of \_\_\_\_\_ total siblings. I have \_\_\_\_\_ aunts and \_\_\_\_\_ uncles.

Relevant health information in my aunts & uncles?

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Sister's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year or Age of Death: \_\_\_\_\_

Shares same mother & father (circle 1)? Yes/No-same mother/No-same father

Major Diagnoses:

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Relevant Health information in my nieces & nephews?

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Sister's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year or Age of Death: \_\_\_\_\_

Shares same mother & father (circle 1)? Yes/No-same mother/No-same father

Major Diagnoses:

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Relevant Health information in my nieces & nephews?

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# My Family's Health History



Brother's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year or Age of Death: \_\_\_\_\_

Shares same mother & father (circle 1)? Yes/No-same mother/No-same father

Major Diagnoses:

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Relevant Health information in my nieces & nephews?

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Brother's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year or Age of Death: \_\_\_\_\_

Shares same mother & father (circle 1)? Yes/No-same mother/No-same father

Major Diagnoses:

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Relevant Health information in my nieces & nephews?

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# My Family's Health History



Daughter's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year or Age at Death: \_\_\_\_\_

Major Diagnoses:

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Relevant Health information in my Grandchildren?

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Daughter's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year or Age at Death: \_\_\_\_\_

Major Diagnoses:

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Relevant Health information in my Grandchildren?

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Daughter's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year or Age at Death: \_\_\_\_\_

Major Diagnoses:

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Relevant Health information in my Grandchildren?

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# My Family's Health History



Son's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year or Age at Death: \_\_\_\_\_

Major Diagnoses:

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Relevant Health information in my Grandchildren?

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Son's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year or Age at Death: \_\_\_\_\_

Major Diagnoses:

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Relevant Health information in my Grandchildren?

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Son's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year or Age at Death: \_\_\_\_\_

Major Diagnoses:

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Relevant Health information in my Grandchildren?

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