# Printable Guide: Collecting your family health history

| Your Name: | |
|---|---|

| Sex assigned at birth: | |
|---|---|

| Date of Birth: | | Were you born a twin or adopted? | |
|---|---|---|---|

| _Personal_ history of certain diseases or conditions<br>(_Circle yes_) | | Age at diagnosis | Treatments |
|---|---|---|---|
| **Cancer** | Bone, brain, breast, colorectal, esophageal, kidney, leukemia/lymphoma, liver, lung, muscle, ovarian/fallopian tube, pancreatic, prostate, skin, stomach, thyroid, uterine/endometrial, or unknown type | | |
| **Clotting disorder** | Clotting disorder, deep vein thrombosis, pulmonary embolism, Factor V Leiden | | |
| **Dementia/ Alzheimers** | Dementia, alzheimer's | | |
| **Diabetes** | Pre-diabetes, type 1 diabetes, type 2 diabetes, gestational | | |
| **Gastrointestinal disorder** | 10 or more colon polyps in their lifetime and/or a large polyp/s, crohn's, irritable bowel syndrome, ulcerative colitis | | |
| **Heart disease** | Coronary artery disease, heart attack, heart disease, cardiomyopathy (enlarged heart), arrhythmias (heart rhythm disorders) | | |
| **High Cholesterol** | Hypercholesterolemia | | |
| **High blood pressure** | Hypertension | | |
| **Kidney Disease** | Cystic kidney disease, diabetic kidney disease, kidney structure differences present at birth, kidney nephrosis, nephritis | | |
| **Lung Disease** | Asthma, COPD, chronic lower respiratory disease, emphysema, pneumonia, lung disease | | |
| **Osteoporosis** | Osteoporosis(decreased bone strength) | | |

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|---|---|---|---|
| **Psychological Disorder** | Anxiety, Attention Deficit Disorder, autism spectrum disorder, bipolar disorder, depression, eating disorder, obsessive compulsive disorder, panic disorder, personality disorder, schizophrenia, unknown | | |
| **Stroke** | Stroke/TIA or mini stroke | | |
| **Sudden Death** | sudden infant death syndrome, accident, suicide, murder, from an unknown cause or car accident | | |

| | **Your Family Background Information** *(Circle answers)* |
|---|---|
| **Race:** | American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White |
| **Ethnicity** | Hispanic or Latino, Ashkenazi Jewish, Not Hispantic or Latino |

**Utilizing the diseases and conditions chart above, fill out the chart for each individual family members**
*(If needed, you may copy and paste the the charts to add more family members)*

| #1) Family member name | Sex assigned at birth | Born a twin or adopted? | Relationship to you | Are they still alive? If so, current age. If not, how and what age did they die? |
|---|---|---|---|---|
| | | | | |

| #1) Disease or conditions | Age and treatment(s) |
|---|---|
| | |

| #2) Family member name | Sex assigned at birth | Born a twin or adopted? | Relationship to you | Are they still alive? If so, current age. If not, how and what age did they die? |
|---|---|---|---|---|
| | | | | |

| #2) Disease or conditions | Age and treatment(s) |
|---|---|
|  |  |

| #3) Family member name | Sex assigned at birth | Born a twin or adopted? | Relationship to you | Are they still alive? If so, current age. If not, how and what age did they die? |
|---|---|---|---|---|
|  |  |  |  |  |

| #3) Disease or conditions | Age and treatment(s) |
|---|---|
|  |  |

| #4) Family member name | Sex assigned at birth | Born a twin or adopted? | Relationship to you | Are they still alive? If so, current age. If not, how and what age did they die? |
|---|---|---|---|---|
|  |  |  |  |  |

| #4) Disease or conditions | Age and treatment(s) |
|---|---|
|  |  |

| #5) Family member name | Sex assigned at birth | Born a twin or adopted? | Relationship to you | Are they still alive? If so, current age. If not, how and what age did they die? |
|---|---|---|---|---|
|  |  |  |  |  |

| #5) Disease or conditions | Age and treatment(s) |
|---|---|
|  |  |

| #6) Family member name | Sex assigned at birth | Born a twin or adopted? | Relationship to you | Are they still alive? If so, current age. If not, how and what age did they die? |
|---|---|---|---|---|
|  |  |  |  |  |

| #6) Disease or conditions | Age and treatment(s) |
|---|---|
|  |  |

| #7) Family member name | Sex assigned at birth | Born a twin or adopted? | Relationship to you | Are they still alive? If so, current age. If not, how and what age did they die? |
|---|---|---|---|---|
|  |  |  |  |  |

| #7) Disease or conditions | Age and treatment(s) |
|---|---|
|  |  |

| #8) Family member name | Sex assigned at birth | Born a twin or adopted? | Relationship to you | Are they still alive? If so, current age. If not, how and what age did they die? |
|---|---|---|---|---|
|  |  |  |  |  |

| #8) Disease or conditions | Age and treatment(s) |
|---|---|
|  |  |

| #9) Family member name | Sex assigned at birth | Born a twin or adopted? | Relationship to you | Are they still alive? If so, current age. If not, how and what age did they die? |
|---|---|---|---|---|
|  |  |  |  |  |

| #9) Disease or conditions | Age and treatment(s) |
|---|---|
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