

Family Health History Form



Some diseases and disorders can be passed down by blood relatives, so it is important for both your health and the health of your posterity to record any health problems in your family. However, remember that your risk and the risk of your children for disease doesn't depend only on genetics. Behavior, lifestyle, and environment also play key roles in a person's risk for certain diseases.

This form will help you start your family health history. It is not intended to be used in place of health history forms used by your healthcare providers. If you have any health concerns, please discuss them with your healthcare provider.

About You

Name:

Date of birth:

Marital status:

Ethnic Background

Some diseases, such as sickle cell anemia, are hereditary in people with ancestors from certain parts of the world. Check all that apply.

African

Mediterranean (from Greece, Italy, Iraq, Lebanon, etc.)

Ashkenazi Jewish

American Indian

Asian/Pacific Islander

Asian

Cajun or French Canadian

Other. Please specify:

European Caucasian

Unknown

Hispanic

Family History

List the age and cause of death of any closely related family members that are deceased.

Have you or a relative had any genetic testing done? Explain.

Name

Age

More Info

Health Conditions

Complete this page with information about your personal health history. Select Yes for each condition you have experienced or are currently experiencing. Add any other relevant information, such as name of the disease or age when diagnosed. Select No or Don't Know for all other health conditions listed.

Once completed, fill out the following pages for each of your close blood relatives.

Condition	Yes / No / Don't know	Disease name and any other relevant information, such as age when diagnosed or nature of the disease.
Alcohol or drug abuse		
Allergies		
Autoimmune disease		
Birth defects		
Blood disease		
Bone and joint diseases		
Cancer		
Hearing disorder		
Diabetes or insulin resistance		
Epilepsy		
Gastrointestinal disorder		
Glandular disorder		
Heart disease (including heart attack)		
High blood pressure		
High cholesterol		
Infertility or repeat pregnancy loss		
Intellectual disabilities		
Immunodeficiency disorder		
Kidney disease		
Lung disease		
Mental disorder (such as depression)		
Migraines		
Muscular disease		
Nerve disorder		
Ocular disease		
Skin disease		
Stroke		
Sudden, unexpected death		

Relative Name

Relationship

Age

More Info

Health Conditions

Complete this page with information about a close relative's health history. List the name of the relative and their relationship to you. Select Yes for each condition he or she has had or currently has. Add any other relevant information. Select No or Don't Know for all other health conditions listed.

Once completed, fill out the following pages for each of your close blood relatives. If you need more pages than provided for your relatives, save this copy and open a new, blank form to continue recording your family health history.

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