

Even if you're healthy now, knowing the health conditions that run in your family can help identify health problems you or your family may be at risk for in the future. Sharing this form with your healthcare provider can help detect early warning signs so you can take steps now to reduce your risk of serious health problems later.

Name:		Date Modified:		
Family Member	Serious health condition(s) <small>(Please list health conditions such as cancer, diabetes, heart disease, lung disease, mental illness, depression, stroke, arthritis, etc.)</small>	Age Condition Started	Age of Death <small>(if deceased)</small>	Cause of Death <small>(if deceased)</small>
Parents				
Father				
Mother				
Siblings				
Grandparents				
Grandmother <small>(Maternal)</small>				
Grandmother <small>(Paternal)</small>				
Grandfather <small>(Maternal)</small>				
Grandfather <small>(Paternal)</small>				
Children				
Spouse/Partner				