

My family health history

PRIVATE FAMILY RECORD | PRINT EXTRA COPIES AS NEEDED.

Record information from both biological parents' sides. Ask relatives' permission and note uncertainty. Include cancers and other conditions such as lupus, diabetes, heart disease, or mental health conditions. This form helps start a clinical conversation; it does not calculate risk.

Prepared by _____ Updated on _____

My conditions and age at diagnosis _____

Family information

Relationship and family side	Condition and age at diagnosis	Known or unconfirmed

Include parents, siblings, children, grandparents, aunts, uncles, and other relatives when relevant. Use relationships or initials if you prefer.

Known inherited mutation or genetic testing result _____

Information I still need or cannot access _____

What I want my clinician or children to know

Questions about screening or genetic counseling _____

Secure storage location _____

People I choose to share this with _____

Update when you learn something new. Keep the original in a secure place and share it privately. Share unknown information with your provider.