

**My health and family history record**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ (Maiden): \_\_\_\_\_

City where I live now: \_\_\_\_\_ State where I live now: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Today's date: \_\_\_\_\_

Name and age of my partner: \_\_\_\_\_

My occupation: \_\_\_\_\_ Highest education I completed: \_\_\_\_\_

**My medical information**

My overall health: \_\_\_\_\_

I have (or had) the following conditions or illnesses (check all that apply):

- Alzheimer's disease/dementia     Aneurysm or ruptured vessels     Asthma
- Birth defects     Bleeding/clotting disorders     Breast cancer
- Colon cancer     Diabetes/sugar disease     Endometrial (uterine) cancer
- Hearing/vision loss (youth/adult)     Heart disease or heart attack     High cholesterol
- High blood pressure     Learning difficulties     Mental health issues
- Miscarriage/stillbirth     Obesity     Ovarian cancer
- Stroke     Other cancers:     Other:

Additional information about these conditions (such as when I was diagnosed, what treatments I received):

\_\_\_\_\_  
\_\_\_\_\_

I am allergic to the following things: \_\_\_\_\_

\_\_\_\_\_

I have had these surgical procedures: \_\_\_\_\_

\_\_\_\_\_

**Lifestyle**

**Here are some details about my daily life and habits:**

My favorite physical activities are:

I get physical activity \_\_\_\_ times a week, and usually for \_\_\_\_ minutes at a time.

I drink alcohol:  never  occasionally  frequently (about \_\_\_\_ drinks/week)

I smoke:  I quit  never  occasionally  frequently (about \_\_\_\_ packs/day)

Any environmental or occupational chemical/radiation exposures?  Yes  No

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

**Cancer screenings** (e.g., colonoscopies, mammograms, PAP smears, dermatology)

I regularly have cancer screenings:  Yes  No

Type of screening	How often	Normal? Y/N (describe if not)

**Genetic testing**

The following inherited conditions are in my family:

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I have had genetic testing:  No  Yes

If yes, explain what test: \_\_\_\_\_

My family members have had genetic testing:  No  Yes

If yes, explain who and what test:

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**Reproductive history**

Total number of pregnancies I have had (fathers, answer too!): \_\_\_\_\_

Number of children: \_\_\_\_\_ My age at first birth: \_\_\_\_\_

Describe any pregnancy or delivery complications:

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Age of first menstrual period: \_\_\_\_\_ Age of menopause: \_\_\_\_\_

I use/used hormone replacement therapy:  No  Yes

If yes, for how long and what type? \_\_\_\_\_

I take/took birth control pills:  No  Yes

If yes, for how long and at what age(s)?

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**My family health history record**

My mother's ethnic background: \_\_\_\_\_

My father's ethnic background: \_\_\_\_\_

Are you of Ashkenazi Jewish, Eastern European or Russian descent?  Yes  No

**Immediate family, parents, grandparents**

Name – First, last and maiden	Date of birth	Date of death	Cause of death	Disease/illness /cancer type	Age or date of diagnosis	Occupation/lifestyle choices
Spouse/partner						
Daughters						
Sons						
My mother						
My father						
My mother's mother						
My mother's father						
My father's mother						
My father's father						

**Siblings, nieces/nephews, maternal aunts/uncles**

Name – First, last and maiden	Date of birth	Date of death	Cause of death	Disease/illness/cancer type	Age or date of diagnosis	Occupation/lifestyle choices
Sisters						
Brothers						
Nieces						
Nephews						
My mother's sisters						

**My family health history record**

**Paternal aunts/uncles and first cousins**

Name – First, last and maiden	Date of birth	Date of death	Cause of death	Disease/illness/cancer type	Age or date of diagnosis	Occupation/lifestyle choices
My father's sisters						
My father's brothers						
Maternal first cousins						
Paternal first cousins						

**My family health history record**

**Additional relatives**

Name – First, last and maiden	Date of birth	Date of death	Cause of death	Disease/illness/cancer type	Age or date of diagnosis	Occupation/lifestyle choices
Name, relation/parent						

*Brought to you by the Family History Campaign – individualizing medicine, one family at a time.*

