PERSONAL INFORMATION

Name: (Last)_____

(First)_____

Date of Birth _____

Are you an identical twin? Yes___ No___

Record the number of family members you have in the box below. These are the family members who are most relevant to your health history.

Record whether you have any of the 6 conditions listed below. These diseases are tracked because they are common and we have very good information about how to avoid them.

In the spaces labeled "Other," enter other diseases or conditions you have.

Once you complete this tool, you can enter the information online at http://www.surgeongeneral.gov/familyhistory/

NUMBER OF FAMILY MEMBERS *Related by blood, living or deceased*	
GRANDPARENTS:	4
MOTHER:	1
FATHER:	1
AUNTS:	
UNCLES:	
SISTERS:	
BROTHERS:	
DAUGHTERS:	
SONS:	
HALF SISTERS:	
HALF BROTHERS:	

DO YOU HAVE ANY OF THESE HEALTH CONDITIONS?	YES/NO	AGE AT DIAGNOSIS
HEART DISEASE		
STROKE		
DIABETES		
COLON CANCER		
BREAST CANCER		
OVARIAN CANCER		
OTHER		

Family Information

List below your blood relatives and the illnesses they may have suffered, even if you do not know the medical name. Refer back to the box, "Number of Family Members" so you don't forget anyone. Fill in as much information as you can. Be sure to report diseases such as heart disease, stroke, diabetes, or cancer (especially colon, breast, or ovarian cancers) that have occurred in your family.

FAMILY (*BLOOD RELATED ONLY*)	RELATIVE'S NAME	RELATIONSHIP TO YOU	TWIN? (Y/N)	HEALTH CONDITION	AGE AT DIAGNOSIS	LIVING? (Y/N)	AGE AT DEATH
IMMEDIATE (*brothers, sisters, parents, children*)							
MOTHER'S (*her father, her mother, her sisters, her brothers*)							

FAMILY (*BLOOD RELATED ONLY*)	RELATIVE'S NAME	RELATIONSHIP TO YOU	TWIN? (Y/N)	HEALTH CONDITION	AGE AT DIAGNOSIS	LIVING? (Y/N)	AGE AT DEATH
MOTHER'S CONTINUED							
FATHER'S (*his father, his mother, his sisters, his brothers*)							

MY FAMILY HEALTH PORTRAIT

The U.S. Surgeon General recommends that all people learn more about their family health histories. With this information, you and your health care provider can make a plan to help prevent conditions for which you may be at higher risk. This tool helps you organize family history information to share with your health care provider.

What do I need to do before I fill out MY FAMILY HEALTH PORTRAIT?

- **Talk with your relatives.**

  Explain to your relatives that knowing about their health history can help improve ways to screen for and help prevent diseases for **ALL** family members. The most important relatives to talk to are your parents, your brothers and sisters, half-brothers or half-sisters, and nieces and nephews.

- **Ask about any health problems your relatives have had.**
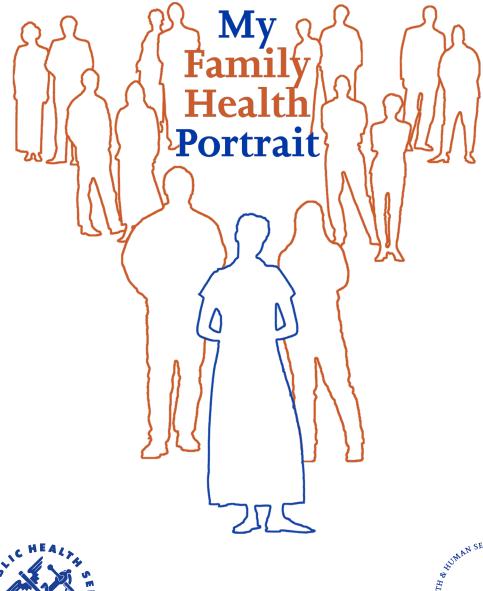
  Ask about heart disease, stroke, diabetes, and cancer (especially colon, breast, or ovarian cancers) and at what age the illness was first diagnosed. If a relative died of that condition, ask about how old they were when they died.

  If a relative is no longer living, ask other relatives who might know about his or her health history. For example, if your mother's mother died from an unknown condition in her 40's, you should find out if any other family members know why she died, and what other health conditions she had.

- **Use the chart in this tool to record the health information your family members give you.**

- **Give the collected information to your health care provider.**

- **Save a copy of this tool for yourself, or create an online version at http://www.surgeongeneral.gov/familyhistory/.**

The U.S. Surgeon General's Family History Tool
is also available at:

http://www.surgeongeneral.gov/familyhistory/

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The U.S. Surgeon General's Family History Initiative

My Family Health Portrait