

Family health history tree

Know your roots, know your health history.

Knowing your family's health history can help your healthcare provider identify traits that may put you at risk for certain health conditions or diseases. This information can help you own your health journey and prevent negative outcomes down the road.

1. Talk to your family to get as much information on your blood relatives' health history as you can. What conditions or diseases did they have? E.g. cancer, heart disease, mental illness, etc.

2. Fill in this template.

3. Share it with your healthcare provider to learn what it means for your health journey.

A family health history tree diagram. At the bottom is a box for 'Me' with fields for 'Condition(s) & age of onset:', 'Name:', 'Date:', and 'Current age:'. Above 'Me' are two boxes for 'Mother' and 'Father'. Each has fields for 'Condition(s) & age of onset:' and 'Current age or age of death:'. Above each of these are two boxes for 'Grandmother' and 'Grandfather'. Each of these has fields for 'Condition(s) & age of onset:' and 'Current age or age of death:'. The boxes are connected by lines representing family relationships.

Relationship	Condition(s) & age of onset:	Current age or age of death:
Grandmother		
Grandfather		
Mother		
Father		
Me	Condition(s) & age of onset:	Name: Date: Current age:

Additional family members

This information is not required, but any additional information on your family's health history will help your healthcare provider better understand which conditions or diseases you're at risk of to help prevent negative outcomes.

Children

Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:
Current age or age of death:	Current age or age of death:	Current age or age of death:	Current age or age of death:	Current age or age of death:

Siblings

Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:
Current age or age of death:	Current age or age of death:	Current age or age of death:	Current age or age of death:	Current age or age of death:

Aunts/ uncles

Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:
Current age or age of death:	Current age or age of death:	Current age or age of death:	Current age or age of death:	Current age or age of death:

Nieces/ nephews

Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:
Current age or age of death:	Current age or age of death:	Current age or age of death:	Current age or age of death:	Current age or age of death:

First cousins

Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:
Current age or age of death:	Current age or age of death:	Current age or age of death:	Current age or age of death:	Current age or age of death:

Additional blood relatives

Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:	Name: Condition(s) & age of onset:
Current age or age of death:	Current age or age of death:	Current age or age of death:	Current age or age of death:	Current age or age of death: