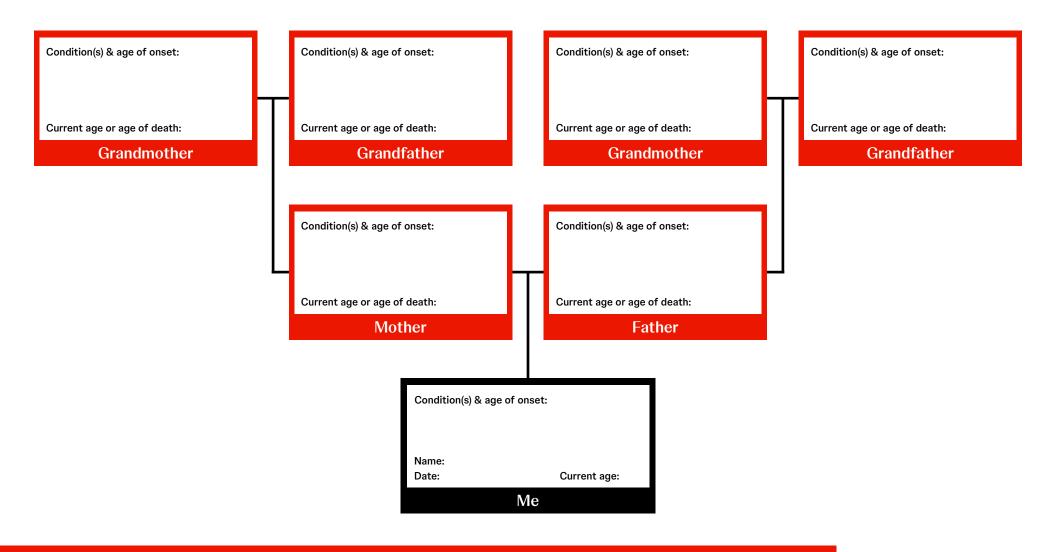
## Family health history tree

Know your roots, know your health history.

What conditions or diseases did they have? E.g. cancer, heart disease, mental illness, etc.

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. 2. Fill in this template.
  - 3. Share it with your healthcare provider to learn what it means for your health journey.



## **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 of age of death.	Current age or age of death:			
First	Name: Condition(s) & age of onset:	Current age or age of death: Name: Condition(s) & age of onset:	Current age or age of death: Name: Condition(s) & age of onset:	Current age or age of death: Name: Condition(s) & age of onset:	Current age or age of death: Name: Condition(s) & age of onset:
First cousins	Name:	Name:	Name:	Name:	Name:
	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: