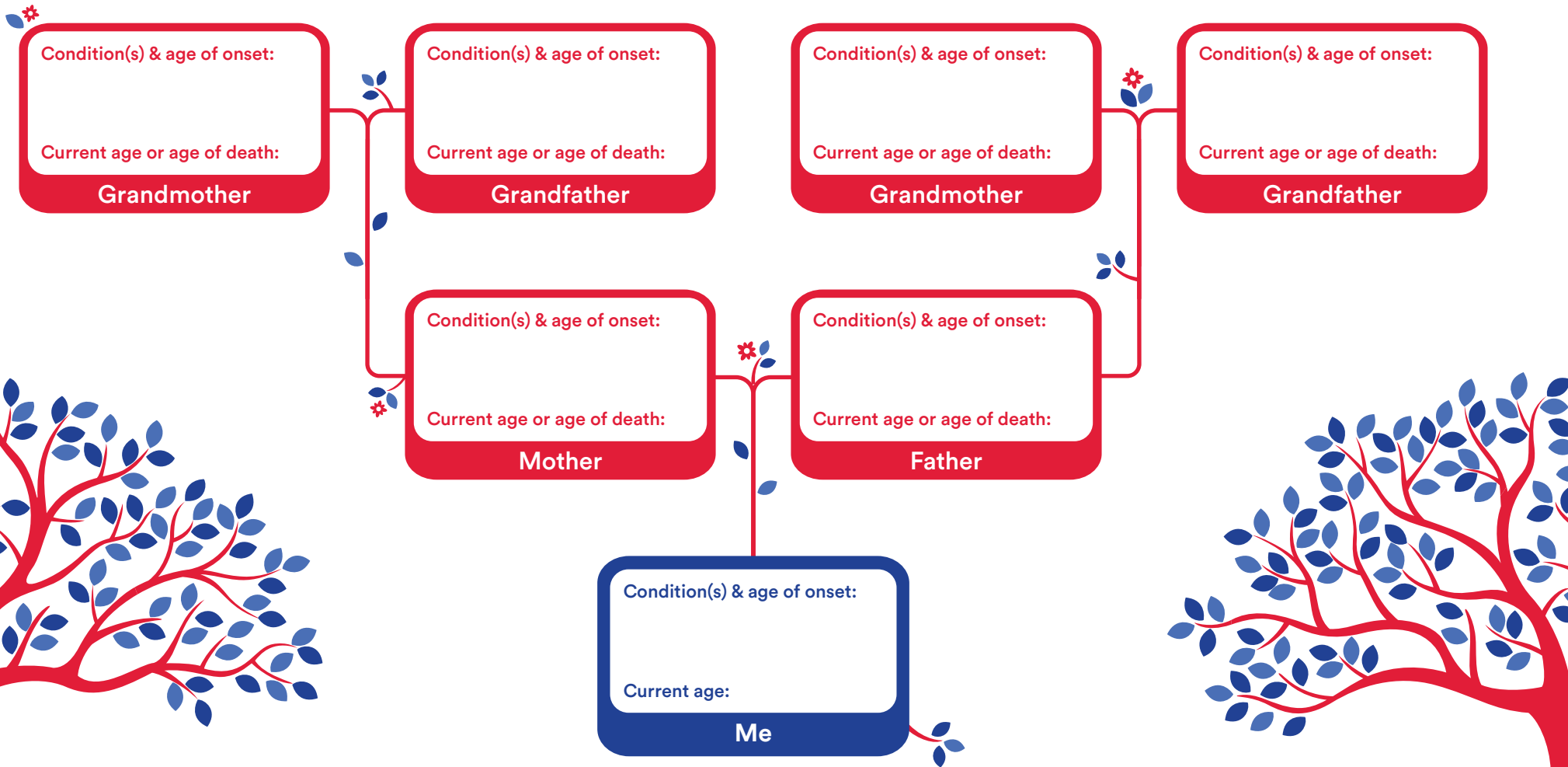


Family Health History Tree



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. Download this template and fill in the information below.
3. Share it with your healthcare provider to learn what it means for your health journey.



Know your roots, know your health history.

Learn more at [MyHealthCantWait.com](https://www.MyHealthCantWait.com)

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:

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