FAMILY HISTORY TRACKING

Use this worksheet to keep track of your family medical history and write down Important Information!

PATERNAL GRANDFATHER:

Condition(s):

Age of Onset:

Age of death:

Cause of death:

PATERNAL GRANDMOTHER:

Condition(s):

Age of Onset:

Age of death:

Cause of death:

AUNT/UNCLE:

Condition(s):

Age of Onset:

Age of death:

Cause of death:

MATERNAL GRANDFATHER:

Condition(s):

Age of Onset:

Age of death:

Cause of death:

MATERNAL GRANDMOTHER:

Condition(s):

Age of Onset:

Age of death:

Cause of death:

AUNT/UNCLE:

Condition(s):

Age of Onset:

Age of death:

Cause of death:

AUNT/UNCLE:

Condition(s):

Age of Onset:

Age of death:

Cause of death:

AUNT/UNCLE:

Condition(s):

Age of Onset:

Age of death:

Cause of death:

AUNT/UNCLE:

Condition(s):

Age of Onset:

Age of death:

Cause of death:

FATHER:

Condition(s):

Age of Onset:

Age of death:

Cause of death:

MOTHER:

Condition(s):

Age of Onset:

Age of death:

Cause of death:

BROTHER/SISTER:

Condition(s):

Age of Onset:

Age of death:

Cause of death:

BROTHER/SISTER:

Condition(s):

Age of Onset:

Age of death:

Cause of death:

BROTHER/SISTER:

Condition(s):

Age of Onset:

Age of death:

Cause of death:

BROTHER/SISTER:

Condition(s):

Age of Onset:

Age of death:

Cause of death:

QUESTIONS TO ASK

Name of family member and relation:

Year of birth:

☐ Male

☐ Female

Yes	No	Unsure	
☐	☐	☐	Did they suffer from a heart attack?
☐	☐	☐	Coronary Bypass Surgery?
☐	☐	☐	Rheumatic or other heart diseases?
☐	☐	☐	Stroke?
☐	☐	☐	Breast Cancer?
☐	☐	☐	Colon Cancer?
☐	☐	☐	Hip fracture?
☐	☐	☐	Asthma?
☐	☐	☐	Alzheimer's Disease?
☐	☐	☐	High Blood Pressure?
☐	☐	☐	Diabetes?
☐	☐	☐	High Cholesterol?
☐	☐	☐	Mental Health Disorders?
☐	☐	☐	Substance abuse?
☐	☐	☐	Pregnancy complications?
☐	☐	☐	Obesity?
☐	☐	☐	Developmental Delay?

Use this sheet to track a medical condition through your family.

Family
Condition:

	Grandfather	Grandmother	Father	Mother	Aunt/Uncle	Brother/Sister
Heart attack?						
Coronary Bypass Surgery?						
Rheumatic or other heart diseases?						
Stroke?						
Breast Cancer?						
Colon Cancer?						
Hip fracture?						
Asthma?						
Alzheimer's Disease?						
High Blood Pressure?						
Mental Health Disorders?						

Use this sheet to track a medical condition through your family.

Family
Condition:

	Grandfather	Grandmother	Father	Mother	Aunt/Uncle	Brother/Sister
Pregnancy complications?						
Obesity?						
Developmental Delay?						
Other						
Other						