



WELLNESS WORKSHEET 45

Creating a Detailed Family Health History and Tree

Knowing that a specific disease runs in your family allows you to watch closely for the early warning signs and get appropriate screening tests. It can also help you target important health habits to adopt. You can put together a simple family health tree by compiling key facts on your primary relatives; siblings, parents, aunts and uncles, and grandparents. If possible, have your primary relatives fill out a family health history record like the one below.

Family Health History

Name: _____ Ethnicity: _____ Date of birth: _____

Blood and Rh type: _____ Occupation: _____

Please note any serious or chronic diseases you have experienced, with special attention to the following:

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|------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| _____ Alcoholism | _____ Mental impairment (Down syndrome, fragile X, etc.) |
| _____ Allergies | _____ Migraine headaches |
| _____ Arthritis | _____ Miscarriages or neonatal deaths |
| _____ Asthma | _____ Multiple sclerosis |
| _____ Blood diseases (hemophilia, sickle-cell disease, thalassemia, hemochromatosis) | _____ Muscular dystrophy |
| _____ Cancer (breast, bowel, colon, ovarian, skin, and stomach, etc.) | _____ Myasthenia gravis |
| _____ Cystic fibrosis | _____ Obesity |
| _____ Diabetes | _____ Phenylketonuria (PKU) |
| _____ Epilepsy | _____ Respiratory disease (emphysema, bacterial pneumonia) |
| _____ Familial high blood cholesterol levels | _____ Rh disease |
| _____ Hearing defects | _____ Skin disorders (particularly psoriasis) |
| _____ Heart defects | _____ Thyroid disorders |
| _____ Huntington's disease | _____ Tay-Sachs disease |
| _____ Hypertension (high blood pressure) | _____ Tuberculosis |
| _____ Learning disabilities (dyslexia, attention-deficit/hyperactivity disorder, autism) | _____ Visual disorders (dyslexia, glaucoma, retinitis pigmentosa) |
| _____ Liver disease (particularly hepatitis) | _____ Other (please list): |
| _____ Lupus | |
| _____ Mental illness (bipolar disorder, schizophrenia) | |

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List any important health-related behaviors (including tobacco use, dietary and exercise habits, and alcohol use):

Please note names of your relatives below, along with indications of any illnesses, such as those listed on the previous page, that affected them. If they are deceased, list age and cause. Also make note of their lifestyle habits such as smoking.

Father: _____

Mother: _____

Brothers and sisters: _____

Children of brothers and sisters: _____

If you don't have enough information on past generations, you can get clues by requesting death certificates from state health departments or medical records from relatives' physicians or hospitals where they died. Once you've collected the information you want, plug it into a tree format. (An online version of a family health tree is available at <http://www.generationalhealth.com>.)