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:

- ______ Alcoholism
- ______ Allergies
- ______ Arthritis
- ______ Asthma
- ______ Blood diseases (hemophilia, sickle-cell disease, thalassemia, hemochromatosis)
- ______ Cancer (breast, bowel, colon, ovarian, skin, and stomach, etc.)
- ______ Cystic fibrosis
- ______ Diabetes
- ______ Epilepsy
- ______ Familial high blood cholesterol levels
- ______ Hearing defects
- ______ Heart defects
- ______ Huntington’s disease
- ______ Hypertension (high blood pressure)
- ______ Learning disabilities (dyslexia, attention-deficit/hyperactivity disorder, autism)
- ______ Liver disease (particularly hepatitis)
- ______ Lupus
- ______ Mental illness (bipolar disorder, schizophrenia)
- ______ Mental impairment (Down syndrome, fragile X, etc.)
- ______ Migraine headaches
- ______ Miscarriages or neonatal deaths
- ______ Multiple sclerosis
- ______ Muscular dystrophy
- ______ Myasthenia gravis
- ______ Obesity
- ______ Phenylketonuria (PKU)
- ______ Respiratory disease (emphysema, bacterial pneumonia)
- ______ Rh disease
- ______ Skin disorders (particularly psoriasis)
- ______ Thyroid disorders
- ______ Tay-Sachs disease
- ______ Tuberculosis
- ______ Visual disorders (dyslexia, glaucoma, retinitis pigmentosa)
- ______ Other (please list):
WELLNESS WORKSHEET 45 — continued

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.)