



Family History Worksheet

Why Your Family History Is Important

Family history is a critical part of knowing your “great.” It is also important information to share with your doctor. Along with lifestyle choices and your personal health history, your family’s cancer history can affect your risk. You can inherit risk for certain cancers directly from your relatives, so knowing which relatives on both parents’ sides of the family have had cancer, what type, how old they were at diagnosis, and their health outcomes, is very helpful.

Consider using a family gathering to talk about family health history. If a health problem runs in your family, knowledge is power and you may be able to take steps to help reduce your risk. If someone in your family is diagnosed with cancer, be sure to share that information with your doctor. While doctors sometimes ask for your family history the first time you visit, they may not ask again, so keep them updated. It may also help them determine what screenings make sense for you.

While knowing your family history is empowering, most cancer is not inherited, and most people don’t need genetic testing. 5% to 10% of all cancers are believed to be related to gene mutations that are passed down through the family. If you do have relatives who have tested positive for a gene mutation associated with cancer, ask your doctor to refer you to a genetic counselor to discuss the benefits and risks of genetic testing.

TIPS FOR COMPILING FAMILY HISTORY

Pay special attention to conditions that develop earlier than usual, or conditions that affect multiple relatives.

Include information about where your mother’s and father’s family members came from (e.g., Germany, Africa, China, etc), some health problems occur more often in specific ethnic groups.

If possible, family history should include at least 3 generations (grandparents, parents, uncles, aunts, siblings, cousins, children, nieces, nephews, and grandchildren.)

If family members are reluctant to share their information, consider these strategies:

- Share your purpose—explain that you’re creating a record to help you determine whether you and your relatives have a family history of certain diseases or health conditions.
- Offer to make medical history available to other family members so they can share the information with their doctors.
- Provide several ways to answer questions—some might be more willing to share face-to-face, others may prefer phone/mail/email.
- Word questions carefully—keep them short and to the point.
- Be a good listener—listen without judgement or comment.
- Respect privacy—respect their right to confidentiality.

WHERE TO FIND FAMILY HISTORY

If you cannot ask family members directly for their history, try some of these resources:

- Public records (birth certificates, marriage licenses, and death certificates)
- Family trees
- Baby books
- Old letters
- Obituaries
- Records from places of worship
- Family members’ electronic health records
- If adopted, the adoption agency may have your family medical history on file

Use this sheet as a guide to interview family members and compile a summary to give to your doctor:

NAME: _____

Relation to you: _____ Date of birth: _____ Date of death: _____

Cause of death: _____

Medical Condition	Age at Diagnosis

EXAMPLES: high blood pressure, high cholesterol, heart attack, diabetes, osteoporosis, asthma, autoimmune disease, bleeding or clotting disorder, emphysema (COPD), glaucoma, Hepatitis B or C, thyroid disease, kidney disease, macular degeneration, stroke, cancer (list specific type), genetic disorder (list specific type)

Mental Health Condition	Age at Diagnosis

EXAMPLES depression, alcoholism, drug use, dementia, Alzheimer's

Pregnancy complications:

INCLUDING: miscarriage, stillbirth, birth defects, or infertility

If known, complete the following information:

FATHER Alive Deceased Age at death: _____ Cause of death: _____

MOTHER Alive Deceased Age at death: _____ Cause of death: _____

Deceased relatives (siblings, grandparents, children):

Relation to you: _____ Age of death: _____ Cause of death: _____

Relation to you: _____ Age of death: _____ Cause of death: _____

Relation to you: _____ Age of death: _____ Cause of death: _____

Relation to you: _____ Age of death: _____ Cause of death: _____

Please check appropriate boxes. Identify **all** known illnesses or conditions.

Condition	Self	Father	Mother	Sibling	Child	Grand- parents	Aunt/ Uncle	Cousin	Niece/ Nephew
Cancers									
Colorectal									
Colon polyp									
Breast									
Prostate									
Ovarian									
Other:									
Other Medical Conditions									
Heart disease									
Diabetes									
Asthma									
Eczema/psoriasis									
Migraine									
Headaches									
Seizures									
Stroke/TIA									
High cholesterol									
Bleeding disorder									
High/low white count									
Anemia									
Liver disease									
Hepatitis									
Arthritis									
Osteoporosis									
Alcohol abuse									
Rec/street drug use									
STDs									
Depression									
Mental illness									
Suicide									
Attempted suicide									
Tuberculosis (TB)									
Other:									

NOTES: