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health care provider card

summary of your family health history

Fill out this card and bring to your doctor. This card is a summary of the health issues for your family and will be used by your doctor to best determine your risk of getting a disease.

My family has a history of the following diseases: (check all that apply)

Adult Onset Disorders/Risk Factors

- ☐ Heart Disease or Heart Attack
- ☐ Stroke
- ☐ High Cholesterol
- ☐ High Blood Pressure
- ☐ Diabetes/Sugar Disease
- ☐ Alzheimer Disease/Dementia
- ☐ Breast Cancer
- ☐ Ovarian Cancer
- ☐ Colon Cancer
- ☐ Endometrial (Uterine) Cancer
- ☐ Other cancer: _____

Prenatal Concerns

- ☐ Miscarriage/Stillbirth
- ☐ Birth Defects
- ☐ Genetic Condition, e.g. Cystic Fibrosis, Duchenne Muscular Dystrophy_____

Pediatric Concerns

- ☐ Asthma
- ☐ Vision loss
- ☐ Hearing loss
- ☐ Mental retardation/Developmental Delay

Identify family members with each condition checked, including age of diagnosis, current age or age at death and cause of death (use extra sheets if needed)

Relationship	Condition	Age of onset	Current age	Age, cause at death
Brother	*High Blood Pressure*	*35*	*45*	
Mother	*High Blood Pressure*	*40*		*65, Stroke*

Please include information about your children, your brothers and sisters, mother, (mother's side: aunts, uncles, grandparents), father, (father's side: aunts, uncles, grandparent) and go back 4 generations if possible