

health history sheet

Just like your eye color, your height, or the weird cravings for lima beans you share with your dad, your health is—in large part—inherited. And when you can share it with your doctors, they can learn a lot about you, like what medical conditions you might be at risk for or what certain symptoms might be trying to tell you.

*Print out and use this sheet to collect the health history of your family.
Print a separate sheet for each relative.*

This Health History is about my:

SELF MOM DAD BROTHER SISTER GRANDPA GRANDMA AUNT UNCLE COUSIN NIECE NEPHEW

relative's name _____

ethnicity/race: _____

date of birth: _____

place of birth: _____

if deceased, age and cause of death _____

Health History:

Be sure to record age when the disease started in the _____ space provided.

- Alzheimer's disease _____
- Asthma and allergies _____
- Birth defects (cleft lip, heart defects, spina bifida) _____
- Blindness/vision loss _____
- Cancer (such as breast, ovarian, colon, prostate) _____
- Current and past medications _____
- Deafness/hearing loss at a young age _____
- Developmental delay/learning disorders _____
- Diabetes/sugar disease _____
- Heart disease _____
- High blood pressure _____
- High cholesterol _____
- History of surgeries _____
- Immunizations _____
- Mental health disorders (depression, schizophrenia) _____
- Obesity _____
- Pregnancy (number of children, miscarriages, complications) _____
- Stroke _____
- Substance abuse (such as alcohol, drugs) _____

Lifestyle Info:

Exercise _____

Habits _____

Hobbies _____

Nutrition/Diet _____

Occupation _____