


My Family Health History

Fill in the following worksheet as thoroughly as possible. If you have a personal or family history of cancer or other conditions, put an "X" in the appropriate box. Take into account all blood-related relatives on both sides of your family. Don't forget to bring it with you to your next doctor's appointment!

My Name	Sex	Age	Height	Weight	Smoker	Race/Ethnicity
					Y N	

	Personal History		Family History		
	"X"	Age at Diagnosis	"X"	Relation to you (i.e. mother, sister, etc.)	Age at Diagnosis
Cancer					
Breast					
Gynecologic (Ovarian, Uterine, Cervical)					
Colon					
Thyroid					
Colorectal					
Lung					
Kidney					
Lymphoma					
Pancreatic					
Melanoma (Skin)					
Other (specify)					
Heart Disease					
Stroke					
Diabetes					
Other: _____					
Other: _____					
Other: _____					