

# Your Family Medical History

## *A three-generation record*

*Fill in what you know today — a partial record is valuable. Update whenever a relative receives a new diagnosis.*

Your family medical history is one of the most powerful tools your doctor has. Conditions that appear repeatedly across generations, or that strike at unusually young ages, are patterns worth knowing. Complete what you can today. A 15-minute call with a parent or aunt can unlock a generation of health history. Bring this document to every GP or specialist appointment alongside your genetic test results.

### Condition icons — use these when noting health conditions below:

♥ Heart disease, stroke, high blood pressure, atrial fibrillation	◆ Type 2 diabetes, obesity, thyroid conditions, metabolic syndrome
▲ Cancer — note specific type in brackets, e.g. ▲ (breast, age 54)	■ Alzheimer's, Parkinson's, dementia, neurological conditions
■ Depression, bipolar disorder, schizophrenia, anxiety disorders	* Autoimmune — rheumatoid arthritis, lupus, coeliac disease
? Cause unknown or not recorded	— No significant conditions recorded

### Section 1 — Your own health details

<b>Full name</b>		<b>Date of birth</b>	
<b>Biological sex</b>		<b>Ancestry / ethnicity</b>	
<b>Significant health conditions</b>			
<b>Current medications</b>		<b>Known genetic test results</b>	
<b>Allergies / adverse drug reactions</b>			

### Section 2 — Parents

MOTHER		FATHER	
<b>Full name</b>		<b>Full name</b>	

Date of birth		Date of birth	
Alive / deceased (age at death)		Alive / deceased (age at death)	
Cause of death		Cause of death	
Ancestry / country of origin		Ancestry / country of origin	
Significant conditions (use icons + age)		Significant conditions (use icons + age)	
Cancers (type + age diagnosed)		Cancers (type + age diagnosed)	
Notes / questions to ask		Notes / questions to ask	

### Section 3 — Maternal grandparents (mother's parents)

MATERNAL GRANDMOTHER		MATERNAL GRANDFATHER	
Full name		Full name	
Date of birth		Date of birth	
Alive / deceased (age at death)		Alive / deceased (age at death)	
Cause of death		Cause of death	
Country of origin		Country of origin	
Significant conditions (use icons + age)		Significant conditions (use icons + age)	
Cancers (type + age diagnosed)		Cancers (type + age diagnosed)	

### Section 4 — Paternal grandparents (father's parents)

PATERNAL GRANDMOTHER		PATERNAL GRANDFATHER	
Full name		Full name	
Date of birth		Date of birth	

Alive / deceased (age at death)		Alive / deceased (age at death)	
Cause of death		Cause of death	
Country of origin		Country of origin	
Significant conditions (use icons + age)		Significant conditions (use icons + age)	
Cancers (type + age diagnosed)		Cancers (type + age diagnosed)	

## Section 5 — Siblings

SIBLING 1		SIBLING 2	
Name		Name	
Date of birth		Date of birth	
Significant conditions (use icons + age)		Significant conditions (use icons + age)	
Cancers (type + age)		Cancers (type + age)	

For more than two siblings, photocopy this section or download additional copies at [kinnara.fund/blueprint/family-history-template](http://kinnara.fund/blueprint/family-history-template)

## Section 6 — Patterns to discuss with your doctor or genetic counselor

Does any condition appear in 3 or more relatives across different generations?	
Does any cancer appear in multiple relatives, or at unusually young age (under 50)?	
Do any relatives share your significant genetic test findings?	
Relatives not yet contacted / information still to gather:	
Specific questions for your next GP or genetic counselor appointment:	

**How to use this template** Fill in what you know today — a partial record is valuable. A 15-minute call with a parent or aunt can unlock a generation of health history. Update whenever a relative receives a new diagnosis. Bring this document to every GP appointment alongside your genetic test results.

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