

Note what medical conditions your family members have or had, and the age of onset. Note medications as well. Also fill this out for your partner and your children, if applicable. These conditions are commonly inherited and should be noted: cancer, diabetes, high blood pressure (hypertension), heart disease, stroke, dementia, cystic fibrosis and sickle cell disease.

<p><b>Your Maternal Grandmother</b></p> <hr/> <p>Name _____ Age _____</p> <p>Medical condition ..... Age of onset _____</p> <p>Medications _____</p>	<p><b>Your Mother</b></p> <hr/> <p>Name _____ Age _____</p> <p>Medical condition ..... Age of onset _____</p> <p>Medications _____</p>	<p><b>Sibling/Half Sibling</b></p> <hr/> <p>Name _____ Age _____</p> <p>Medical condition ..... Age of onset _____</p> <p>Medications _____</p>	<p><b>Niece/Nephew</b></p> <hr/> <p>Name _____ Age _____</p> <p>Medical condition ..... Age of onset _____</p> <p>Medications _____</p>
<p><b>Your Maternal Grandfather</b></p> <hr/> <p>Name _____ Age _____</p> <p>Medical condition ..... Age of onset _____</p> <p>Medications _____</p>	<p><b>Your Maternal Aunts and Uncles</b></p> <hr/> <p>Name _____ Age _____</p> <hr/> <p>Name _____ Age _____</p> <hr/> <p>Name _____ Age _____</p> <hr/> <p>Name _____ Age _____</p> <p><i>Note medical conditions and medications on back</i></p>	<p><b>Sibling/Half Sibling</b></p> <hr/> <p>Name _____ Age _____</p> <p>Medical condition ..... Age of onset _____</p> <p>Medications _____</p>	<p><b>Niece/Nephew</b></p> <hr/> <p>Name _____ Age _____</p> <p>Medical condition ..... Age of onset _____</p> <p>Medications _____</p>
<p><b>Your Paternal Grandmother</b></p> <hr/> <p>Name _____ Age _____</p> <p>Medical condition ..... Age of onset _____</p> <p>Medications _____</p>	<p><b>Your Father</b></p> <hr/> <p>Name _____ Age _____</p> <p>Medical condition ..... Age of onset _____</p> <p>Medications _____</p>	<p><b>Sibling/Half Sibling</b></p> <hr/> <p>Name _____ Age _____</p> <p>Medical condition ..... Age of onset _____</p> <p>Medications _____</p>	<p><b>Niece/Nephew</b></p> <hr/> <p>Name _____ Age _____</p> <p>Medical condition ..... Age of onset _____</p> <p>Medications _____</p>
<p><b>Your Paternal Grandfather</b></p> <hr/> <p>Name _____ Age _____</p> <p>Medical condition ..... Age of onset _____</p> <p>Medications _____</p>	<p><b>Your Paternal Aunts and Uncles</b></p> <hr/> <p>Name _____ Age _____</p> <hr/> <p>Name _____ Age _____</p> <hr/> <p>Name _____ Age _____</p> <hr/> <p>Name _____ Age _____</p> <p><i>Note medical conditions and medications on back</i></p>	<p><b>Sibling/Half Sibling</b></p> <hr/> <p>Name _____ Age _____</p> <p>Medical condition ..... Age of onset _____</p> <p>Medications _____</p>	<p><b>Niece/Nephew</b></p> <hr/> <p>Name _____ Age _____</p> <p>Medical condition ..... Age of onset _____</p> <p>Medications _____</p>
<p><b>You</b></p> <hr/> <p>Name _____ Age _____</p> <p>Medical condition ..... Age of onset _____</p> <p>Medications _____</p>		<p><b>Sibling/Half Sibling</b></p> <hr/> <p>Name _____ Age _____</p> <p>Medical condition ..... Age of onset _____</p> <p>Medications _____</p>	<p><b>Niece/Nephew</b></p> <hr/> <p>Name _____ Age _____</p> <p>Medical condition ..... Age of onset _____</p> <p>Medications _____</p>
		<p><b>Sibling/Half Sibling</b></p> <hr/> <p>Name _____ Age _____</p> <p>Medical condition ..... Age of onset _____</p> <p>Medications _____</p>	<p><b>Niece/Nephew</b></p> <hr/> <p>Name _____ Age _____</p> <p>Medical condition ..... Age of onset _____</p> <p>Medications _____</p>