

Family Tree — My Medical History

Mother's Blood Line

Father's Blood Line

Grandfather	
Ethnicity: _____	DOB: _____
Date/Cause of Death: _____	
Medical Conditions: _____	
Lifestyle Issues: _____	

Grandmother	
Ethnicity: _____	DOB: _____
Date/Cause of Death: _____	
Medical Conditions: _____	
Lifestyle Issues: _____	

Grandfather	
Ethnicity: _____	DOB: _____
Date/Cause of Death: _____	
Medical Conditions: _____	
Lifestyle Issues: _____	

Grandmother	
Ethnicity: _____	DOB: _____
Date/Cause of Death: _____	
Medical Conditions: _____	
Lifestyle Issues: _____	

Your Mother	
Ethnicity: _____	DOB: _____
Date/Cause of Death: _____	
Medical Conditions: _____	
Lifestyle Issues: _____	

Your Father	
Ethnicity: _____	DOB: _____
Date/Cause of Death: _____	
Medical Conditions: _____	
Lifestyle Issues: _____	

Your Sibling	
Ethnicity: _____	DOB: _____
Date/Cause of Death: _____	
Medical Conditions: _____	
Lifestyle Issues: _____	

Me	
Ethnicity: _____	DOB: _____
Date/Cause of Death: _____	
Medical Conditions: _____	
Lifestyle Issues: _____	

Your Sibling	
Ethnicity: _____	DOB: _____
Date/Cause of Death: _____	
Medical Conditions: _____	
Lifestyle Issues: _____	