



THE U.S. SURGEON GENERAL'S FAMILY HISTORY INITIATIVE

HOW TO CREATE MY FAMILY HEALTH PORTRAIT

KNOWING YOUR FAMILY'S MEDICAL HISTORY CAN SAVE YOUR LIFE.



WHAT INFORMATION DO I NEED?

■ Talk directly with your relatives.

Explain to them their health information can help improve prevention and screening of diseases for **ALL** family members.

■ Ask about any health conditions they have had.

If possible, get as much specific information as possible. Ask about chronic illnesses, such as heart disease and diabetes; pregnancy complications, such as miscarriage; and any developmental disabilities.

■ If possible, list formal names of conditions.

It may be helpful to create a separate page with detailed information and descriptions about any medical conditions your relatives may have had. Also, list medicines your relatives may be taking.

■ Get help finding information.

Ask relatives or health care professionals for information about health conditions that have affected you or your family members--living or deceased. If possible, get copies of medical records.

■ Is there cancer or a rare condition in the family?

If so, it is important to collect information from as many family members as possible. If someone is deceased, ask other relatives or check to see if doctors have retained those medical records.

■ Are you planning to have children?

You and your partner should **EACH** create a family health portrait and show it to your health care professional.



TALK TO YOUR FAMILY

Most Important

Parents
Brothers and Sisters
Your Children

Also Important

Grandparents
Uncles and Aunts
Nieces and Nephews
Half-Brothers and Half-Sisters

Also Helpful

Cousins
Great Uncles and Great Aunts

HOW DO I FILL OUT THE FORM?

"My Family Health Portrait" will help you collect and organize your family information. No form can reflect every version of the American family, so use this chart as a starting point and adapt it to your needs.

1. Write each of your relatives' names in the designated boxes. Circle whether they are male (M) or female (F).

Some conditions are more common in people with a shared background or ancestry. So, if you know the ancestry of your relatives and/or the country they come from, note it on the form.

For twins, write "twin" on the first line. If the twins are identical, write "identical twin" on the first line for both. If your family includes half-brothers or half-sisters, write "half-brother" or "half-sister" on the first line, and note "same father" or "same mother" on the next line.

2. On the lines under the boxes, write the names of any health conditions your relatives have had.

If you know the age at which the condition was diagnosed, also note it. For example, diabetes (diagnosed-age 37). If family members have died, write "deceased" and the age at which they died. For example, heart attack (deceased-age 63).

3. Once you have completed this form, take it to your health care professional.

Your health care professional can use the information to better individualize your healthcare.

4. Make a copy for your records.

Be sure to update the form as circumstances change or you learn more about your family's health.

YOU CAN ALSO FILL OUT THE FORM ONLINE AT: <https://familyhistory.hhs.gov/>

My FAMILY HEALTH PORTRAIT

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Name: _____

Date: _____

The diagram is a family tree template. At the top, there are two sets of boxes for Grandmother and Grandfather, each with four lines for notes. Below these are boxes for Aunts/Uncles (four boxes, each with 'M' and 'F' checkboxes and four lines) and Mother and Father (each with four lines). In the center is a box for 'You' (with 'M' and 'F' checkboxes and four lines). To the left of 'You' are boxes for Brothers/Sisters (three boxes, each with 'M' and 'F' checkboxes and four lines). To the right of 'You' is a box for Spouse/Partner (with 'M' and 'F' checkboxes and four lines). Below 'You' and Spouse/Partner are boxes for Your Children (five boxes, each with 'M' and 'F' checkboxes and four lines).

Grandmother

Grandfather

Aunts/Uncles

Mother

Father

Brothers/Sisters

You

Spouse/Partner

Your Children

