

GOALS

RISKS

TACTICS

Family History Exercise

Family History

DATE

RELATIVE NAME

RELATION TO YOU

BIRTH YEAR

CURRENT AGE OR AGE AT DEATH

CAUSE OF DEATH, IF DECEASED

HISTORY

Heart disease or stroke

Include high cholesterol, high blood pressure, heart attacks, heart surgeries, stents, congestive heart failure, or unusual heart rhythms, such as atrial fibrillation

Neurodegenerative disease or dementia

Include Alzheimer's disease, Parkinson's disease, ALS). Include age of onset and specific symptoms. If applicable, list any genetic testing, imaging, autopsy, etc.

Cancer

Include age of onset and treatment(s)

Type 2 diabetes, liver disease, or kidney disease

Include approximate height and weight

Other known health issues

Include autoimmune conditions, mental illness, substance abuse, learning disabilities, and orthopedic issues, age of onset and treatment(s)



Not medical advice

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