



**My
Family
Health
Portrait**

**THE SURGEON GENERAL'S
FAMILY HISTORY INITIATIVE**

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HOW TO CREATE MY FAMILY HEALTH PORTRAIT

The Surgeon General has launched a national initiative to encourage all American families to learn more about their family health histories.

Knowing your family's medical history can save your life.

With a copy of your family health history, you and a health care professional can individualize your care to prevent and screen for conditions for which you may be at higher risk. Family events, such as Thanksgiving or family reunions, offer a great chance to gather the information for "My Family Health Portrait."

WHOM SHOULD I TALK WITH?

To get the most accurate health history information, it is important to talk directly with your relatives. Explain to them that their health information can help improve prevention and screening of diseases for all family members.

Start by asking your relatives about any health conditions they have had — including history of chronic illnesses, such as heart disease; pregnancy complications, such as miscarriage; and any developmental disabilities. Get as much specific information as possible.

It is most useful if you can list the formal name of any medical condition that has affected you or your relatives.

You can get help finding information about health conditions that have affected you or your family members— living or deceased — by asking relatives or health care professionals for information, or by getting copies of medical records.

If you are planning to have children, you and your partner should each create a family health portrait and show it to your health care professional.

Knowing your family health history is a powerful guide to understanding risk for disease. However, keep in mind that a family history of a particular illness may increase risk, but it almost never *guarantees* that other family members will develop the illness.

Most Important

Parents
Brothers and Sisters
Your Children

Also Important

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

Obtain Information If You Can

Cousins
Great-Uncles and Great Aunts

HOW DO I FILL OUT THE FORM?

The "My Family Health Portrait" form 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 family's needs.

First, write each of your relatives' names in the designated boxes and circle whether they are male (M) or female (F). On the next line, write the name of any health conditions they have had. If you know the age at which they were diagnosed with a condition, write that in parentheses after the condition. 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)."

For twins, write "twin" on the first line for both individuals. 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 "different father" or "different mother" on the next line.

Some conditions are more common in people with a shared background or ancestry. It is important to record the ancestry of your relatives and be as specific as possible. For example, if you know that your grandmother is Hispanic and her family comes from Mexico, write "Mexican" underneath her name. Likewise, if your family is from Africa, Asia, Europe or South America, note the country they came from, if possible.

Once you complete "My Family Health Portrait," take it to your health care professional so that he or she can better individualize your health care. Be sure to make a copy for your records and update it as circumstances change or you learn more about your family's health history.

Congratulations on taking this step toward a longer, healthier life! "My Family Health Portrait" can be an effective way to improve your health — today and in the future.

CUT OUT AND ADD TO CHART AS NEEDED

M F	M F	M F
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My FAMILY HEALTH PORTRAIT

Name: _____

Date: _____

