

Your family health history



A family history is one of the most powerful "genetic tests" to identify if families are at increased risk for chronic diseases and certain cancers. Discovering this early can often improve, delay or prevent negative health outcomes. Through your family health history, our physicians, genetic counselors and other health care providers can deliver better, individualized care.

The most important family members to include in your family health history are your biological parents, siblings, half-siblings, aunts, uncles, cousins and grandparents — living and deceased.

When talking to your family, ask for as much health information as possible including age, overall health, health conditions, age of diagnosis and cause of death, if deceased. Chronic health conditions in the family, such as heart disease and cancer, are important. If a family member is deceased, find the person who would know his or her medical history best.

You may not be able to complete all the information requested but try to get as much as possible — the more, the better. This information allows our team to determine disease development risk, improve screening options and help prevent diseases for other family members, not just you.

Your family health history will remain private and confidential. If you need more space to record information, feel free to copy the pages. We suggest you make a copy of this form and keep adding to it as your family health changes. It can be a useful tool for all your family members.

For questions or more information, call your Sanford Health genetic counselor at one of the following locations:

BemidjiJennifer Leonhard, MS, CGC(218) 333-5068Sanford Health of Northern Minnesota(218) 333-5000
Bismarck Linda Wolf, MS, CGC (701) 323-2086 Sanford Clinic (701) 323-8030
Fargo Lauryn LaPoint, MS, CGC (701) 234-2774 Sanford Broadway Clinic (701) 234-2000 Sanford Fetal Care Center (701) 234-3443 Sanford Roger Maris Cancer Center (701) 234-6161
Sioux Falls Jason Flanagan, MS, CGC (605) 328-4642 Sanford Cancer Center (605) 328-8000 Sanford Children's Hospital (605) 312-1000 Sanford Children's Specialty Clinic (605) 312-1000 Sanford Fetal Care Center (605) 328-4600

Sanford Health Maternal-Fetal Medicine(605) 328-4600

Family Health History Form

If someone else completed this form for you, please provide:
Name:
Relationship:
Personal Information
Name:
Address:
Primary phone number:
Secondary phone number:
Occupation:
Highest grade completed in school:
Sex: ☐ Male ☐ Female
Date of birth:
Are you an identical twin? □ Yes □ No
Were you adopted? ☐ Yes ☐ No
Primary care provider:
Ethnicity What is your paternal nationality?
What is your maternal nationality?
Do you have any Ashkenazi Jewish ancestors? ☐ Yes ☐ No

Personal health history

List whether you have a history of cancer, polyps or other health issues you are concerned about or would like to discuss. If you have no concerns about your personal health and health history, please leave this section blank.

Personal history of health issues							Age at diagnosis		
1									
List any hospital		Lloopital loopi	ion		Dagge	for boonitalization		Data of care	
Hospital nar	ne	Hospital locat	ion		Reason	for hospitalization	1	Date of care	
Do you have any	other o	uestions or cond	ern	s that	t you w	ould like to talk	to tl	he genetic counselor	
	•				•				
about?									
Family history									
Record the numl	ber of bl	ood relatives vou	ı ha	ıve. liv	vina or	deceased.			
Grandparents:	4	Uncles:		,	9	Half-brother:			
Mother:	1	Sisters:				Daughters:			
Father:	1	Brothers				Sons:			
Aunts:	•	Half-sist				30			
ranto.		_ 11411 0100	.		_				
Do you have a p	ersonal	or family history	of a	any of	the fol	lowing?			
Birth defects	(such as	s cleft lip)		Yes		No			
Learning/inte		•		Yes		No			
		ng disorder				No			
	-	death under 50				No			
Genetic or inf	nerited c	condition	Ц	Yes	u	No			
Provide details a	ind addi	tional informatior	n for	any	"Yes" a	answered			

Family index

List your blood relatives (first name only). If the relative is a half-brother or half-sister, list as "Half-Brother" or "Half-Sister" and list the parent in common. **Fill in as much information as you can and feel free to use more than one row.** Healthy individuals are just as important to list. List the present age for each living relative and the age of death for relatives who have passed away in the "Age" column. If you are unsure about age, feel free to estimate or write in the decade. For example, "60s" or "early 50s". Report cause of death for anyone who has passed away and if different than the health condition listed, please list also. Report any cancer that has occurred in your family, where the cancer originated (such as ovarian, breast, colon, etc.) and age at diagnosis.

Family (Blood related only)	Relative's Name	Relationship to You	Health Condition	Age at Diagnosis	Living? (Y/N)	Age
Immediate						
(brothers, sisters, parents, children						
and grandchildren)						
Mother's						
(her father,						
your grandfather, her mother,						
your grandmother,						
her sisters, her brothers,						
your aunts and uncles, her nieces						
and nephews,						
your first cousins)						

Family (Blood related only)	Relative's Name	Relationship to You	Health Condition	Age at Diagnosis	Living? (Y/N)	Age
Mother's continued						
Father's						
(his father, your grandfather,						
his mother, your grandmother,						
his sisters, his brothers, your aunts and						
uncles, his nieces and nephews,						
your first cousins)						

Family genetic testing history

If you know of a relative who has had genetic testing, list the relative's name. If you are able, contact this relative for further information about the reason for testing, type of test and test results.

Relative's name	Date of birth	Reason for testing	Type of test	Test results

If you are interested in pursuing genetic testing for a family condition, please bring a copy of your relative(s) test results to your appointment.

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Sioux Falls	
Jason Flanagan, MS, CGC	(605) 328-4642
Sanford Cancer Center	.(605) 328-8000
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