Washington State Department of HEALTH

Family Health History Questionnaire

Your family health history is a record of you and your family's health. It can include medical conditions that are common among you and your family, things in your environment, life experiences, and daily patterns. Knowing these interconnected things helps you and your health care providers spot possible health risks and create a plan for better health.

The word "family" can mean different things in different cultures. This questionnaire is only about biological or blood relatives—parents, children, siblings, grandparents, aunts, uncles, nieces, and nephews. You may not know everything, and that's OK. Share what you know and are comfortable sharing.

Important note: Anything you type in this form must be saved to your device. No information you enter is saved or sent to the DOH. This is for your personal and family records. We encourage sharing your family health history with relatives and your health care provider.

Personal Health History

Name

Date when you filled this out:

Have you ever been diagnosed with a medical condition? ☐ Yes ☐ No

If yes, what condition or conditions? At what age did each one begin?

Were you born with any physical differences or medical conditions? ☐ Yes ☐ No

Examples: heart defect, limb differences, a cleft lip or palate, metabolic or hearing difference.
If yes, please explain

Family Health History

For each relative, try to collect:

- Any medical condition they have or had, and their age when it started.
- Their sex (assigned at birth or sex listed on their birth certificate). Some conditions affect sex-specific organs, such as the uterus, ovaries, and prostate.
- Their age at death, if they have passed away, and the cause.

Has anyone been told they have a genetic condition, or had genetic testing? ☐ Yes ☐ No

If yes, please explain

Biological Children (for example, your son or daughter)

Name (optional)	Sex	Date of Birth	Date of Death & Cause	Medical Conditions & Age When each Began

Biological Siblings (for example, your brother or sister). Note if you and your siblings do not share both biological parents.

Name (optional)	Sex	Date of Birth	Date of Death & Cause	Medical Conditions & Age When each Began

Your Sibling's Children (for example, your niece or nephew)

Name (optional)	Sex	Date of Birth	Date of Death & Cause	Medical Conditions & Age When each Began

Your Sibling's Children Continued (for example, your niece or nephew)

Name (optional)	Sex	Date of Birth	Date of Death & Cause	Medical Conditions & Age When each Began

Biological Parent 1 (Mother) and Family

Name (optional)	Sex	Date of Birth	Date of Death & Cause	Medical Conditions & Age When each Began
Parent 1 (mother)				
Grandparent 1 (mother's mother)				
Grandparent 2 (mother's father)				

Parent 1's (mother) siblings (for example, your aunt or uncle)

Name (optional)	Sex	Date of Birth	Date of Death & Cause	Medical Conditions & Age When each Began

Biological Parent 2 (Father) and Family

Name (optional)	Sex	Date of Birth	Date of Death & Cause	Medical Conditions & Age When each Began
Parent 2 (father)				
Grandparent 3 (father's mother)				
Grandparent 4 (father's father)				

Parent 2's (father) siblings (for example, your aunt or uncle)

Name (optional)	Sex	Date of Birth	Date of Death & Cause	Medical Conditions & Age When each Began

Additional Information:

Environment and Lifestyle (Optional)

Families often share the same environment and habits (lifestyle), and these can affect health. Your health care provider may be able to point you to resources or support to manage these risks.

Your environment is where you live, work, spend time, or grew up.

Environmental factors can include:

- Chemicals or toxins at work or home.
- Access to food like cost, or how far away stores are.
- Access to clean air, water, or green spaces like parks.
- Stress in your home or community.

Your lifestyle is your day-to-day routines and habits.

Lifestyle factors can include:

- Physical activity
- Sleep habits
- Stress levels
- Nutrition

If there are any environmental or lifestyle factors you would like to share with your health care team, please write them down below

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