

Your family health history.

Each family and ethnic group is genetically different and you need to work with your healthcare provider to review your family health history and investigate any preexisting conditions or risk factors that may impact your life.

Reduce your risk to serious health issues.

Your family history holds key information about your past and clues to your future health. Many of your physical traits (such as eye color, hair color, and height) are inherited. So, too, are risks for certain genetic conditions and health problems such as heart disease, diabetes, and some cancers. By collecting your family's health history, you can learn what health problems you may be at increased risk for in the future and how to reduce your risks.

Make a plan to preserve your health.

You can't change your genes, but you can change behaviors that affect your health, such as smoking, inactivity and poor eating habits. Another change you can make is to participate in screening tests—such as mammograms and colorectal cancer screening—for early detection of disease.

Please use the worksheet on the following pages to map out your family health history and then talk to your healthcare provider to help you design a personalized plan for maintaining your health.

Congratulations...

You are now on your way to a better understanding of your health. Contact your healthcare provider to discuss your family health history and make a personalized plan to preserve your good health.

For more detailed information, visit www.ct.gov/dph and type “family health history” in the DPH search box. Or call (860) 509-8000.



Keeping Connecticut Healthy

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Produced by Concerned Citizens for Humanity, Ltd. (CCH)
Photography: John Muldoon Design: CCFH © 2008 CCFH

FHHPG 04/08

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knowing your past can influence your future

We all have a family history of something!

The Surgeon General has provided a tool to help you to create a portrait of your family's health. The following worksheet will help you organize your family tree and identify common diseases that may run in families. Use this information to fill out the online version at www.hhs.gov/familyhistory.

Grandmother

Grandfather

M
F

M
F

M
F

Mother

Father

M
F

M
F

M
F

Aunts | Uncles

Aunts | Uncles

M
F

M
F

M
F

Brothers | Sisters

YOU

M
F

Spouse | Partner

M
F

M
F

M
F

M
F

Your Children

M
F

M
F

M
F

Grandmother

Grandfather

M
F

M
F

M
F

Aunts | Uncles

Aunts | Uncles

M
F

M
F

Aunts | Uncles

Aunts | Uncles

M
F

M
F

M
F

Brothers | Sisters

YOU

M
F

Spouse | Partner

M
F

M
F

M
F

M
F

Your Children

M
F

M
F

M
F

Type of information to include:

- Major medical conditions & cause of death (where applicable)
- Age of person at disease onset
- Age of person if/when deceased from disease
- Ethnic background

Name: _____

Age: _____

Date: _____