

The Story of Your Genes

Note what medical conditions your family members have or had, and the age of onset. Note medications as well. Also fill this out for your partner and your children, if applicable. These conditions are commonly inherited and should be noted: cancer, diabetes, high blood pressure (hypertension), heart disease, stroke, dementia, cystic fibrosis and sickle cell disease.

	Your Mother		Sibling/Half Sibling			
Your Maternal Grandmother						
	Name	Age	Name	Age	Nie ee //	Jackson
	Medical condition	Age of onset	Medical condition	-	Niece/i	Nephew
Name Age						
Medical condition Age of onset	Medications		Medications		Name	Age
Madiantiana					Medical condition	Age of onset
Medications	Your Maternal Aunts and Uncles		Sibling/Half Sibling			
			Sibiling/Hall Sib	, ing	Medications	
Your Maternal Grandfather						
	Name	Age	Name	Age	Niece/I	Vephew
Name Age	Nama	0	Medical condition	. Age of onset		
Medical condition Age of onset	Name	Age			Name	Age
	Name		Medications		Medical condition	0
Medications	Name	Age				
	Name	Age	You		Medications	
	Note medical conditions and medications on back					
	Note medical conditions		Name	Age	Nioco//	Nephew
		5	Medical condition	-	NIECE/I	vepnew
	Your	Father	_	_		
Your Paternal Grandmother	_		Medications		Name	Age
	Name	Age			Medical condition	Age of onset
Name Age	Medical condition	Age of onset	Sibling/Half Sib	ling		
Medical condition Age of onset			5151118/1141 515		Medications	
	Medications					
Medications			Name	Age	Niece/I	Nephew
	Your Paternal Aunts and Uncles		Medical condition Age of onset			
Your Paternal Grandfather			Madiantiana		Name	Age
	Name	Age	Medications		Medical condition	0
	Name	NBC				
Name Age	Name	Age	Sibling/Half Sib	oling	Medications	
Medical condition Age of onset						
	Name	Age	Name	Age		
Medications		- 0 -	Medical condition	. Age of onset		
	Name	Age				
	Note medical conditions	-	Medications			