

# Family Health Tree

Father's side

Mother's side

Grandfather	Grandmother
Initials _____ M / F	Initials _____ M / F
DOB/D _____ / _____	DOB/D _____ / _____
Conditions and age began	Conditions and age began
_____	_____
_____	_____
_____	_____
_____	_____

**Write down family members:**

- Initials/Sex (M/F)
- Year of birth and/or death (DOB/D)
- Any major health conditions (Conditions and age began)

Grandfather	Grandmother
Initials _____ M / F	Initials _____ M / F
DOB/D _____ / _____	DOB/D _____ / _____
Conditions and age began	Conditions and age began
_____	_____
_____	_____
_____	_____
_____	_____

Aunt/Uncle	Aunt/Uncle	Aunt/Uncle	Father	Mother	Aunt/Uncle	Aunt/Uncle	Aunt/Uncle
Initials _____ M / F	Initials _____ M / F	Initials _____ M / F	Initials _____ M / F	Initials _____ M / F	Initials _____ M / F	Initials _____ M / F	Initials _____ M / F
DOB/D _____ / _____	DOB/D _____ / _____	DOB/D _____ / _____	DOB/D _____ / _____	DOB/D _____ / _____	DOB/D _____ / _____	DOB/D _____ / _____	DOB/D _____ / _____
Conditions and age began	Conditions and age began	Conditions and age began	Conditions and age began	Conditions and age began	Conditions and age began	Conditions and age began	Conditions and age began
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

- What conditions to record?**
- Heart disease **HD**
  - Cancers **C**
  - Diabetes **D**
  - High blood pressure **BP**
  - High cholesterol **HC**
  - Stroke **S**
  - Mental illness **M**
  - Asthma **A**
  - Osteoporosis **O**

Brother/Sister	Brother/Sister	Brother/Sister	You
Initials _____ M / F	Initials _____ M / F	Initials _____ M / F	Initials _____ M / F
DOB/D _____ / _____	DOB/D _____ / _____	DOB/D _____ / _____	DOB/D _____ / _____
Conditions and age began	Conditions and age began	Conditions and age began	Conditions and age began
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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